

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Manoa Cottage Too | CHAPTER 100.1 |
| Address: 2035 Kamehameha Avenue, Honolulu, Hawaii 96822 | Inspection Date: July 27 & 28, 2017 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

STATE OF HAWAII
DOH-DICA
STATE LICENSING

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| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No documentation that the residents were provided with a nutritionally adequate diet as there were no amounts stated on the menu.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The menu with portion sizes (amounts) were provided to the cook to assure proper serving sizes.</p> | <p style="text-align: right;">7-28-17</p> <p style="text-align: right;">18 AUG -3 AM :34</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em;">RECEIVED</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1 no documentation that the facility utilized the consultant registered dietitian to provide nutritional assessments for resident on pureed diet with honey thickened liquids, diagnosis of dysphagia, Ensure supplement, and history of significant weight changes.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The consultant registered dietitian reviewed the nutritional needs of resident #1 relative to the need for pureed diet with honey thickened liquids.</p> | <p style="text-align: right; font-size: small;">18 AUG - 3 10:34</p> <p style="text-align: right; font-size: x-small;">STATE OF HAWAII DOH-ORICA STATE LICENSING</p> <p style="text-align: right; font-size: x-small; transform: rotate(90deg);">RECEIVED</p> <p style="text-align: right; font-size: small;">8-27-17 and on-going</p> |

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Licensee's/Administrator's Signature: Calvin Hara

Print Name: Calvin Hara

Date: 7/26/18

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