

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage Tree	CHAPTER 100.1
Address: 2035 Kamehameha Avenue, Honolulu, Hawaii 96822	Inspection Date: August 9 & 10, 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.

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'18 AUG -3 AIO :35

STATE OF HAWAII
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STATE LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Menu not being followed. Menu calls for 2 slices of bread resident's given ½ of a sandwich which is one (1) slice of bread cut into two (2) pieces.</p>	<p style="text-align: center;">PART 1 <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>Residents were offered an additional one-half sandwich when it was identified that one-half was served so one full sandwich was offered and provided.</p>	<p style="text-align: right;">8-10-17</p> <p style="text-align: right;">18 AUG -3 AMO :35</p> <p style="text-align: right;">STATE OF HAWAII DOR-010-A STATE LICENSING</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS Resident #1 no documentation that the Consultant Registered Dietitian was utilized to provide nutrition assessment for resident with aspiration risk, weight loss, and maximum assistance with feeding.</p>	<p style="text-align: center;">PART 1 <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 review of the resident's aspiration risk, weight loss and maximum assistance with feeding.</p>	<p style="text-align: center;">9-10-17</p> <p style="text-align: center;">18 AUG -3 AM 35</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 no documentation by case manager that ongoing evaluation and monitoring of care givers skills, competency and quality of services is being completed.</p>	<p style="text-align: center;">PART 1 <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>Resident #1's case manager will provide the case management service of evaluating and monitoring the care givers skills, competency and quality of services provided.</p>	<p style="text-align: center;">9-10-17</p> <p style="text-align: center;">18 AUG -3 10:35</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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Licensee's/Administrator's Signature: 

Print Name: Calvin Hara

Date: 7/26/18

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