

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage	CHAPTER 100.1
Address: 2035 Kamehameha Avenue, Honolulu, Hawaii 96822	Inspection Date: July 25 & 26, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (e)(2) Inspections.</p> <p>Following an annual inspection, a list of deficiencies, if any, shall be given to the licensee or primary care giver of the ARCH or expanded ARCH. The licensee or primary care giver of the ARCH or expanded ARCH shall return a plan of correction for the deficiencies cited within ten working days. An acceptable plan for correcting deficiencies shall include the time frame for correction and the preventive measures that will be instituted to ensure compliance with this chapter;</p> <p><u>FINDINGS</u></p> <p>Plan of corrections (POC's) for the 2017 OHCA/nutrition inspection, and the sanitation inspection not yet submitted to OHCA. Also the untimely POC's for the untimely response have not been submitted to the Office of Health Care Assurance as of this date. There are currently four (4) outstanding POC's for the 2017 inspection.</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 style="text-align: center;">PLAN OF CORRECTIONS FOR OHCA / NUTRITION INSPECTIONS AND THE SANITATION INSPECTION FOR 2017 SUBMITTED 9/14/18</p>	<p style="text-align: center;">9/14/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u> (e)(2) Inspections.</p> <p>Following an annual inspection, a list of deficiencies, if any, shall be given to the licensee or primary care giver of the ARCH or expanded ARCH. The licensee or primary care giver of the ARCH or expanded ARCH shall return a plan of correction for the deficiencies cited within ten working days. An acceptable plan for correcting deficiencies shall include the time frame for correction and the preventive measures that will be instituted to ensure compliance with this chapter;</p> <p><u>FINDINGS</u></p> <p>Plan of corrections (POC's) for the 2017 OHCA/nutrition inspection, and the sanitation inspection not yet submitted to OHCA. Also the untimely POC's for the untimely response have not been submitted to the Office of Health Care Assurance as of this date. There are currently four (4) outstanding POC's for the 2017 inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>Plan of corrections for OHCA/ NUTRITION INSPECTION AND SANITATION INSPECTION AND my REVISIONS REQUESTED TO BE COMPLETED WITHIN 10 DAYS. (BUSINESS DAYS) OF RECEIPT OF LETTER. CORRECTIONS TO BE MAILED & CERTIFIED BY NURSE MANAGER AND NOTED ON A LOGSHEET IN THE CURRENT SURVIVAL BOOK</i> </p>	<p style="text-align: center;">9/14/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u></p> <p>Wall behind door in room #2 has a hole from door knob pressure.</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 style="text-align: center;">HOLE IN THE WALL PATCHED 7/27/18</p>	<p style="text-align: center;">7/27/18</p> <p style="text-align: right;">18 AUG -8 10:44</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</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>. (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u></p> <p>No documentation that the consultant RD provided special diet training for the food preparation staff.</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 style="text-align: center;">ON <u>8-2-18</u> RD PROVIDED TRAINING FOR FOOD PREPARATION STAFF. MONITORED BREAKFAST AND LUNCH.</p>	<p style="text-align: right;">8/3/18</p> <p style="text-align: right;">18 AUG -8 MO:44</p> <p style="text-align: right;">STATE OF HAWAII DOJ-CHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Calvin Hara

Print Name: Calvin Hara

Date: 9/4/18

Licensee's/Administrator's Signature: Calvin Hara

Print Name: Calvin Hara

Date: 8/3/18

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