

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage Too	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.

STATE OF HAWAII
DEPARTMENT OF HEALTH
LICENSING DIVISION

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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;"><i>PLAN OF CORRECTIONS SUBMITTED</i></p>	<p style="text-align: center;"><i>10-24-18</i></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>PLAN OF CORRECTIONS FOR OHCA/NUTRITION INSPECTION AND SANITATION INSPECTION AND ANY REVISIONS REQUESTED TO BE COMPLETED WITHIN 10 DAYS (BUSINESS) OF RECEIPT OF LETTER. CORRECTIONS TO BE COMPLETED AND MAILED - CERTIFIED BY NURSE MANAGER AND NOTED ON LOGSHEET IN THE CURRENT SURVAY BOOK.</p>	<p style="text-align: center;">9/14/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <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></p> <p>Menus were not followed. Portion sizes were not constant in quantity, for all residents.</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;">RD PROVIDED TRAINING FOR FOOD PREPARATION STAFF ON 8-2-18. UTENSILS PROVIDED BY RD FOR SERVING CORRECT PORTION SIZE.</p>	<p style="text-align: center;">8/3/18</p> <p style="text-align: right;">18 AUG -8 11:45</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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<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></p> <p>Menus were not followed. Portion sizes were not constant in quantity, for all residents.</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;">RD TO PROVIDE FURTHER TRAINING WITH FOOD PREPARATION STAFF REGARDING SERVING OF PORTION SIZES. TO SCHEDULE FUTURE TIMES WITH NURSE MANAGER AND RD TO FOLLOW UP WITH ADMINISTRATION AND NURSE MANAGER WITH PROGRESS OF TRAINING.</p>	<p style="text-align: center; font-size: 2em;">8/3/18</p> <p style="text-align: right; font-size: 1.2em;">18 AUG -8 AM 10:45</p> <p style="text-align: right; font-size: 0.8em;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: 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; <u>FINDINGS</u> Resident #1 no documentation that the consultant RD was utilized to provide a nutritional assessment for the resident identified to be at nutritional risk: pureed diet with nectar thickened liquids, maximum feeding assist, aspiration risk, and on ensure supplements.	<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;">ASSESSMENT [REDACTED] FOR RESIDENT # [REDACTED] BY RD ON 7-29-18</p>	<p style="text-align: center;">8/3/18</p> <p style="text-align: center;">18 AUG -8 110:45</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §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></p> <p>Resident #1 no documentation that the consultant RD was utilized to provide a nutritional assessment for the resident identified to be at nutritional risk: pureed diet with nectar thickened liquids, maximum feeding assist, aspiration risk, and on ensure supplements.</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;">SCHEDULE TO BE IMPLEMENTED FOR RESIDENTS TO BE SEEN EVERY 3 MONTHS BY RD THAT ARE ON PUREED DIET AND ARE AT RISK FOR ASPHATION, NEED MAXIMUM/TOTAL ASSIST WITH FEEDING AND TAKING SUPPLEMENTS, CHARGE NURSE TO BE RESPONSIBLE FOR OVERSEEING THIS SCHEDULE</p>	<p style="text-align: center;">8/3/18</p> <p style="text-align: center;">18 AUG -8 110:15</p> <p style="text-align: center;">STATE OF HAWAII DOI-ORCA STATE IDENTISING</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

	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>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>RD PROVIDED DIET TRAINING TO FOOD PREPARATION STAFF ON <u>8-2-18</u></p>	<p>8/3/18</p> <p>18 AUG -8 110:45</p> <p>STATE OF HAWAII DON-DINA STATE LICENSING</p> <p>RECEIVED</p>

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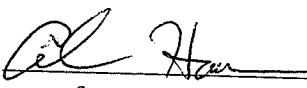
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u></p> <p>Resident #1 care plan for "Alteration in Nutrition and Hydration" was not updated to address interventions on maximum feeding assist.</p>	<p style="text-align: center;">PART I</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;"><i>CARE PLAN UPDATED ON 8-1-18 LISTING INTERVENTIONS TO BE USED FOR RESIDENTS #1 [REDACTED]</i></p>	<p style="text-align: center;"><i>8/3/18</i></p> <p style="text-align: center;">18 AUG -8 10:45</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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Licensee's/Administrator's Signature: 

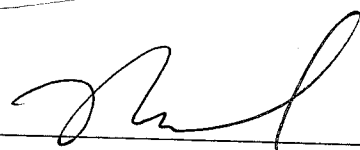
Print Name: Calvin Hare

Date: 8/3/18

Licensee's/Administrator's Signature: 

Print Name: Calvin Hare

Date: 9/4/18

Licensee's/Administrator's Signature: 

Print Name: Ray Glavie

Date: 10-24-18