STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care B	**CHAPTER 100.1**
Address: **2240 Oahu Avenue, Honolulu, Hawaii 96822**	**Inspection Date: March 24, 2021 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #2 – On 1/21/21 Care Plan on page two (2) notes: 1. Check feet daily a. Report any changes infections due to cuts. Lumps, bumps, infection, redness 2. Wash feet daily a. Clean between toes, use alcohol to dry out when moist b. Emollients to legs and ankles feet No documented evidence that above plan is being carried out.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-55 Nutrition and food sanitation. (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; **FINDINGS** Resident #1 - No documented evidence that the facility utilized the consultant registered dietitian to provide nutritional assessment for resident on NAS, low cholesterol, soft texture with nectar thick liquids.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____