

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manayan's ARCH-EC-LLC	CHAPTER 100.1
Address: 1319 Gulick Avenue, Honolulu, Hawaii 96819	Inspection Date: November 16, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DON-CHICK  
STATE LICENSING

21 NOV 30 P2:38

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Resident was on a special diet “Reg, chopped solids, thin liquids” until the physician ordered a “Regular” diet on 4/28/2021. No evidence that the special diet was provided to the resident as the facility did not have the menu for Reg, chopped solids, thin liquids.</p> <p style="text-align: right;">STATE OF HAWAII  DOH-CRCA  STATE LICENSING</p> <p style="text-align: right;">21 NOV 30 P2:38</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>11-30-21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician ordered “may crush meds and mix with food/liquids” on 7/9/2021, this was not recorded in medication administration record (MAR.)</p> <p style="text-align: right;">STATE OF HAWAII  DOH-0824  STATE LICENSES</p> <p style="text-align: right;">21 NOV 30 P2:38</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I added "may crush meds. and mix with food / liquids on my residents Medication Administration Record (MAR)</i></p>	<p>11-30-21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Until physician ordered a regular diet on 4/28/2021, the resident was on the “Reg, chopped solids, thin liquids” diet. PCG’s observation of the resident’s response to the special diet was incomplete, as response to diet was noted as “50%.”</p> <p style="text-align: right;">STATE OF HAWAII DOH-8804 STATE LICENSING</p> <p style="text-align: right;">21 NOV 30 P 2:38</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>11-30-21</p>

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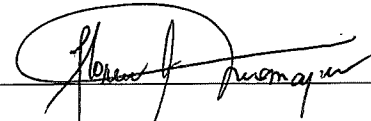


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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>  No records for the 9/6/2021 fire incident. PCG filed the report in the care home binder during the inspection.</p> <p style="text-align: right;">STATE OF NEW HAMPSHIRE  DOH - OSCA  STATE LICENSING</p> <p style="text-align: right;">21 NOV 30 P2:39</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	11- 30- 21

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Licensee's/Administrator's Signature:



Print Name:

Florence Hanayan

Date:

11-30-21

STATE OF HAWAII  
DOH-OSHA  
STATE LICENSING

21 NOV 30 P2:39