

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Living Manoa Gardens	CHAPTER 100.1
Address: 2385 Beckwith Street, Honolulu, Hawaii 96822	Inspection Date: February 24, 2022 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
DOH-OHCA
STATE LICENSING

22 MAY 11 P 2:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the facility followed the Consultant Registered Dietitian’s instructions on providing supervision during feedings.</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>The Home provided missing documentation to OHCA's Dietitian.</p>	<p style="text-align: center;">3/1/22</p> <p style="text-align: right;">22 MAY 11 P 2:02 STATE OF OHIO DOH-OHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drills not conducted at various times of the day as each month's fire drill was conducted at 1:00 pm.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">22 MAY 11 P 2:02</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
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u>(a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Dysphagia care plan indicated that resident requires supervision during feedings, but no supervision was provided during lunch meal on 2/24/2022.</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>Resident #1's PCP has provided a clarification order to provide general supervision (instructions, oversight, or verbal cues/ reminders) during feeding.</p>	<p style="text-align: center;">3/1/22</p> <p style="text-align: center;">22 MAY 11 P2:03</p> <p style="text-align: center;">STATE OF HAWAII DOH/FORÇA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Dysphagia care plan indicated that resident requires supervision during feedings, but no supervision was provided during lunch meal on 2/24/2022.</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>To prevent a similar deficiency from occurring again, the Home has moved Resident #1's dining spot to a location adjacent to the food service station. Resident #1's PCP has provided a clarification order to definite the level of supervision required. The Clinical Care Supervisors on shift shall be responsible to ensure that caregivers conducting food service continue to provide supervision to the Resident during mealtimes.</p>	<p style="text-align: center;">3/1/22</p> <p style="text-align: right;">22 MAY 11 P2:03</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-DIEGA STATE LICENSING</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

TODD PANG

Date: _____

4/1/22

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