

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage Too	CHAPTER 100.1
Address: 2039 Kamehameha Avenue, Honolulu, Hawaii 96822	Inspection Date: July 12 & 13, 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.

22 AUG 31 AM 10:07
STATE OF HAWAII
HONOLULU
STATE RELATIONS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No annual tuberculosis clearance as clearance was not signed by a physician or APRN.</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>1. On 07/12/2022, the Director of Nursing (DON) provided a copy of Care Giver #1 annual tuberculosis clearance and a blank copy of Hawaii State TB Clearance Form to the physician to complete and sign. On 07/14/2022, the annual TB Clearance Form was received for Care Giver #1 with physician's signature.</p> <p>2. On 07/13/2022, the DON reviewed all nursing staff annual tuberculosis clearance to ensure that all are current and has the Hawaii TB Clearance Form signed by either a physician or APRN. For the nursing staff with missing Hawaii TB Clearance Form with physician or APRN signature were sent to the physician to complete and sign. On 07/19/2022, all nursing staff are current with the Hawaii TB Clearance Form with physician's signature.</p>	<p>07/14/2022</p> <p>07/19/2022</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE CLERK 22 AUG 31 AM 1:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No annual tuberculosis clearance as clearance was not signed by a physician or APRN.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. On 07/13/2022, the Human Resources (HR) added another column on the nursing staff credential tracking log and labeled it "DOH TB Form". The HR is to mark "X" on the tracking log if the nursing staff is current and has the TB Clearance Form with physician or APRN signature.</p> <p>2. The DON or the designee will review and audit the TB Clearance Form for all nursing staff every month to ensure all are complete, signed by either a physician or APRN and are up to date.</p>	<p>07/13/2022</p> <p>07/19/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order for Milk of Magnesia on 4/26/2022 states, "Give 30 ml orally as needed for complaints of constipation or no bowel movement 24 hours after MOM administration. No documented evidence physician was contacted for clarification.</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>1. On 07/18/2022, the Director of Nursing (DON) clarified the order for Milk of Magnesia with Resident #1 primary care physician. The new order for Milk of Magnesia now states "Give 30 mL orally as needed for Constipation daily or for no bowel movement in 2 days.</p> <p>2. On 07/18/2022, the DON reviewed and audit the medication order for Milk of Magnesia for all the residents. Resident's order for Milk of Magnesia were all appropriate.</p>	<p>07/18/2022</p> <p>07/18/2022</p> <p>22 AUG 31 AM 10:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order for Milk of Magnesia on 4/26/2022 states, “Give 30 ml orally as needed for complaints of constipation or no bowel movement 24 hours after MOM administration. No documented evidence physician was contacted for clarification.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. The nursing supervisor is to ensure that medication orders received from the primary care physician or APRN are clear and are correct. The nursing supervisor is to follow up with primary care physician immediately to clarify medication orders that are not clear and to ensure to complete documentation of the follow up.</p> <p>2. The DON or the designee will review and audit new medication orders received daily to ensure all medication orders received and entered in the medication administration record (MAR) are clear and correct.</p>	<p>07/18/2022</p> <p>07/22/2022</p>

STATE OF CONNECTICUT
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Per 5/27/2022 progress note, clarification received from APRN's office to discontinue Dulcolax; however, medication was never discontinued.</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>1. On 07/11/2022, the DON discontinued the medication order for the PRN Dulcolax suppository for Resident #2.</p>	<p>07/11/2022</p> <p>22 AUG 31 AM 10:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Per 5/27/2022 progress note, clarification received from APRN's office to discontinue Dulcolax; however, medication was never discontinued.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. The nursing supervisor is to ensure all medication orders received are carried out as ordered. The nursing supervisor is to review order summary report and MAR to ensure discontinued medication orders are removed from the active orders.</p> <p>2. The nursing supervisor is to place copy of new orders received in the binder on the correct date tab the order was received. The binder will have 31 divider tabs representing each date of the month.</p> <p>3. The DON or the designee will review the new orders received placed in the binder daily and will double check the order summary report and MAR to ensure that order(s) received were carried out as ordered.</p>	<p>07/15/2022</p> <p>08/25/2022</p> <p>08/25/2022</p> <p>22 AUG 31 AM 10:07</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF PROFESSIONAL REGULATION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – No initials on February 14 and 17 medication administration record (MAR) for the 8 pm administrations of Citalopram and Melatonin.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 AUG 31 AM 1:07</p> <p>STATE OF NEW YORK DEPARTMENT OF SOCIAL SERVICES STATE LIVING INC</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – No initials on February 14 and 17 medication administration record (MAR) for the 8 pm administrations of Citalopram and Melatonin.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. On 07/14/2022, the nursing supervisor educated the nursing assistant/medication aid the process to ensure all scheduled medications were signed off. The nursing assistant/medication aid to ensure all resident's name are highlighted in green to indicate that all scheduled medications were signed off. Outgoing and oncoming nursing assistant/medication aid to review MAR during change of shift report to ensure all scheduled medications were signed off.</p> <p>2. The nursing supervisor or the designee is to review the clinical dashboard daily to ensure that all scheduled medications were signed off in the last 24 hours. The nursing supervisor is to follow up with the assigned nursing assistant/medication aid for any missed documentation on MAR.</p> <p>3. The DON or the designee will review and audit the MAR every month for each residents to ensure that all scheduled medications were signed off.</p>	<p>07/14/2022</p> <p>08/25/2022</p> <p>08/25/2022</p> <p>22 AUG 31 AM 10:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual tuberculosis clearance. Skin test given on 7/12/2022. Last TB clearance signed 7/8/2021.</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>1. On 07/12/2022, the annual tuberculosis skin test was administered for Resident #1. On 07/14/2022, the DON read the skin test for Resident #1 and completed the facility's TB Administration Record. The DON sent a copy of the TB Administration Record and a blank copy of the Hawaii TB Clearance Form for the primary care physician to review and complete for Resident #1. On 08/02/2022, the signed annual Hawaii TB Clearance Form with physician signature were received.</p> <p>2. On 07/12/2022, the DON reviewed all resident's annual tuberculosis clearance and administered the annual skin test for the resident's that has outstanding annual tuberculosis clearance. The DON sent the facility TB Administration Record the Hawaii State TB Clearance Form for the primary care physician to review, complete, and sign.</p>	<p>08/02/2022</p> <p>07/15/2022</p> <p>22 AUG 31 AM 10:08 STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual tuberculosis clearance. Skin test given on 7/12/2022. Last TB clearance signed 7/8/2021.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. The Administrative Assistant or designee is to keep track of all current residents annual tuberculosis clearance and to ensure all has the Hawaii State TB Clearance Form completed and signed by their primary care physician or APRN. The Administrative Assistant or designee is to alert the nursing supervisor one month prior the annual tuberculosis clearance is due for the resident(s). The Administrative Assistant or designee is to ensure all new incoming resident(s) has a current tuberculosis clearance and a signed Hawaii State TB Clearance Form by their primary care physician or APRN.</p> <p>2. The DON or designee will review and audit the resident's annual tuberculosis clearance record every month and ensure their Hawaii State TB Clearance Form is signed by their primary care physician or APRN.</p>	<p>07/15/2022</p> <p>07/15/2022</p> <p>22 AUG 31 AM 1:08</p> <p>STATE OF HAWAII DON-00000000 STATE LIAISON</p>

	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><u>FINDINGS</u> Resident #1 – Per MAR on 11/23/2021, resident was lethargic, so all 8 am medications were held; however, no progress notes available elaborating further on the resident's condition or any indication of illness.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 AUG 31 AM 1:08</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE</p>

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<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><u>FINDINGS</u> Resident #1 – Per MAR on 11/23/2021, resident was lethargic, so all 8 am medications were held; however, no progress notes available elaborating further on the resident's condition or any indication of illness.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. On 07/14/2022, the nursing supervisor educated the nursing assistant/medication aid to document the rationale in the progress notes when scheduled medications for residents are held or not administered. The nursing assistant/medication aid is to notify the nursing supervisor when medications are held or not administered and its rationale.</p> <p>2. The nursing supervisor is to review the medication not administered in the clinical dashboard daily and is to perform a follow up assessment on the resident's condition or any indication of illness. The nursing supervisor is to complete a documentation for her assessment.</p> <p>3. The DON or the designee will review and audit each resident's MAR every month and to double check that progress notes and assessment on residents has been completed for held or not administered medications.</p>	<p>07/14/2022</p> <p>08/25/2022</p> <p>08/25/2022</p> <p>22 AUG 31 AM 1:08</p> <p>STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS STATE LENSING</p>

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<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><u>FINDINGS</u> Resident #1 – Progress notes did not include observations of the resident's tolerance to diet.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 AUG 31 AM 10:08</p> <p>STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES HARTFORD</p>

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<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><u>FINDINGS</u> Resident #1 – Progress notes did not include observations of the resident's tolerance to diet.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. The nursing supervisor is to complete a monthly progress notes for each residents and to include the observation of the resident's tolerance to their diet and food texture.</p> <p>2. The DON or designee will review and audit every month that a monthly progress notes for all the residents have been completed and the resident's tolerance to their diet and food textures is included in the progress notes.</p>	<p>07/19/2022</p> <p>07/19/2022</p> <p>22 AUG 31 AM 1:08</p>

	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><u>FINDINGS</u> Resident #1 – No progress notes for August 2021.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 AUG 31 AM 1:08</p> <p>STATE OF MICHIGAN DEPT. OF HEALTH & HUMAN SERVICES STATE LICENSING</p>

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<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><u>FINDINGS</u> Resident #1 – No progress notes for August 2021.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. The nursing supervisor is to complete a monthly progress notes for each residents.</p> <p>2. The nursing supervisor added an alert/reminder on her outlook calendar to send notification every third Tuesday of the month to review the resident's documentation to ensure that a monthly progress notes have been completed for each residents.</p> <p>3. The DON or designee will review and audit every month that a monthly progress notes have been completed for all the residents.</p>	<p>07/19/2022</p> <p>07/19/2022</p> <p>07/19/2022</p> <p>22 AUG 31 AM 1:08</p>

	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 #2 – Facility's Registered Dietitian made a recommendation to discontinue the heart healthy diet to prevent malnutrition; however, there's no documented evidence the facility followed up with the resident's physician.</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>1. On 07/19/2022, the DON followed up with the primary care physician for Resident #2 in regards to the facility's Registered Dietitian (RD) recommendation to discontinue the heart healthy diet to prevent malnutrition. On 07/20/2022, the order received from the primary care physician to continue to keep Resident #2 on heart healthy diet.</p> <p>2. On 07/15/2022, the nursing supervisor reviewed the facility's RD notes for any recommendation on all the residents she assessed and documented her follow up.</p>	<p>07/20/2022</p> <p>07/19/2022</p> <p>22 AUG 31 AM 10:08</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	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 #2 – Facility’s Registered Dietitian made a recommendation to discontinue the heart healthy diet to prevent malnutrition; however, there’s no documented evidence the facility followed up with the resident’s physician.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>1. The nursing supervisor or the designee is to review the facility's RD notes after each assessment to ensure that RD's recommendation is followed up immediately and is to complete a documentation of the follow up.</p> <p>2. The DON or the designee will review the facility's RD notes on assessed residents after each visit to ensure recommendations has been followed up and documented.</p>	<p>08/25/2022</p> <p>08/25/2022</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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Records not readily available.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 AUG 31 AM 1:08</p> <p>STATE OF MARYLAND DEPARTMENT OF SOCIAL SERVICES</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Records not readily available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. On 02/01/2022, Manoa Cottage ARCH transitioned to electronic medical records, PointClickCare (PCC). On 07/25/2022, the nursing supervisor placed a memo in front of each resident's chart "Transitioned to PCC effective 02/01/2022".</p> <p>2. On 08/10/2022, the Administrator created an access to PCC for the surveyors and each surveyor will be given a laptop to access the specified resident's records.</p> <p>2. The nursing supervisor or the designee will verify that each surveyor is able to access the specified resident's records at time of survey.</p>	<p>07/25/2022</p> <p>08/10/2022</p> <p>08/10/2022</p>

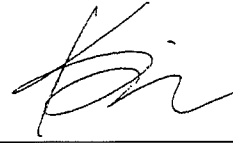
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions not current. Last updated over a year ago on 6/9/2021.</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>1. On 07/13/2022, the assigned nursing assistant updated the inventory of possessions for Resident #1.</p> <p>2. On 07/13/2022, the DON reviewed all residents inventory of possessions forms to ensure all are current or up to date. The assigned nursing assistants completed and updated the inventory of possessions forms for the residents that were not current. On 07/19/2022, all residents inventory of possessions forms were up to date.</p>	<p>07/13/2022</p> <p>07/19/2022</p> <p>22 AUG 31 AM 1:08</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions not current. Last updated over a year ago on 6/9/2021.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. On 07/13/2022, the administrative assistant created a tracking log for resident's inventory of possessions. The administrative assistant is to inform and provide a blank copy of the resident's inventory of possession to the assigned nursing assistant one month prior the anticipated due date to ensure inventory of possessions for residents remains current and up to date.</p> <p>2. The nursing supervisor or the designee will review the resident's inventory of possessions every month to ensure all residents are current and remains up to date with their inventory of possessions</p>	<p>07/13/2022</p> <p>08/25/2022</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> No documented evidence that the facility utilized the Consultant Registered Dietitian to provide special diet training for 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>1. On 07/11/2022, the DON reached out to the Registered Dietitian (RD) for any in-service training conducted with the food preparation staff on special diet.</p> <p>2. On 07/22/2022, the RD completed an in-service training "Diet Interpretation Guidelines" to all the food preparation staff.</p>	<p>07/11/2022</p> <p>07/22/2022</p> <p>22 AUG 31 AM 1:08</p> <p>STATE OF NEW YORK DEPARTMENT OF HEALTH OFFICE OF INSPECTION STALEY</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> No documented evidence that the facility utilized the Consultant Registered Dietitian to provide special diet training for food preparation staff.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. The DON worked with the RD to set the annual in-service training to be conducted with the food preparation staff on special diet. The RD annual in-service training will be conducted on the same month of each year.</p> <p>2. The nursing supervisor is to ensure that all incoming food preparation staff reviews the in-service training provided by the RD on special diet.</p> <p>3. The DON or designee will audit and review the in-service training records annually to ensure that an annual in-service training on special diet was conducted by RD to the food preparation staff</p>	<p>08/23/2022</p> <p>08/23/2022</p> <p>08/23/2022</p> <p>22 AUG 31 AM 1:08</p>

Licensee's/Administrator's Signature: _____



Print Name: Kevin Wu

Date: 08/29/2022

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

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