

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage	CHAPTER 100.1
Address: 2035 Kamehameha Avenue, Honolulu, Hawaii 96822	Inspection Date: July 21 & 22, 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.

STATE OF HAWAII
DOH-DHHS
STATE LICENSING

21 SEP -7 P 3:34

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> • Resident #1 – Initial tuberculosis clearance not signed by a physician or APRN. • Resident #2 – Annual tuberculosis clearance not signed by a physician or APRN. 	<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>1. On 07/26/2021, the registered nurse reviewed the initial and annual tuberculosis clearances for both resident #1 and # 2. On 07/26/2021, the registered nurse notified the primacy care physician for both resident #1 and #2 to review the initial and annual ppd administration record and to sign the tuberculosis clearance form. The signed initial and annual tuberculosis clearance form for both resident #1 and #2 were received on 07/26/2021 - 07/29/2021.</p> <p>2. On 07/26/2021, the registered nurse reviewed all the resident's chart to make sure all residents have a signed initial and annual tuberculosis clearances from their primary care physician. The registered nurse followed up with the resident's primary care physicians for their signed clearances for the ones with missing signed initial and annual tuberculosis clearances.</p>	<p>07/29/2021</p> <p>07/27/2021</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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>FINDINGS Resident #1 – No documented evidence that the Consultant Registered Dietitian was utilized to provide nutrition assessment for resident with poor appetite and significant weight loss from October 2020 to November 2020.</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>21 AUG -2 P2:27</p>

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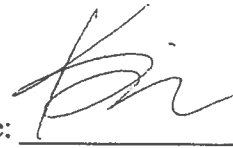
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in 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 monthly from July 2020 to February 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>21 AUG -2 P 2:27</p>

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Licensee's/Administrator's Signature:



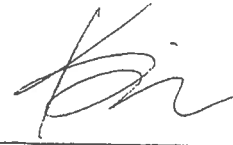
Print Name:

Kevin Wu

Date:

07/30/2021

Licensee's/Administrator's Signature:



Print Name:

Kevin Wu

Date:

09/03/2021

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STATE LICENSING

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