

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MIVA ARCH, Inc.	CHAPTER 100.1
Address: 87-158 Kaukamana Street, Waianae, Hawaii, 96792	Inspection Date: February 17, 2023 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
DEPARTMENT OF
HEALTH
STATE LICENSING

FEB 22 AM 1:26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency.</p> <p>FINDINGS Business entity operating more than one Type I ARCH. No documented evidence of consultation with a registered dietitian.</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 style="text-align: center;"><i>pct called DHCA & left message to Annette Jackson C 808-692-7404</i></p>	<p style="text-align: right;"><i>YES 2/17/23</i></p>

STATE OF IOWA
DEPARTMENT OF HEALTH
STATE LICENSING

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency.</p> <p>FINDINGS Business entity operating more than one Type I ARCH. No documented evidence of consultation with a registered dietitian.</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>1. In the future I will make sure I will have a registered dietitian for consultation in the planning of menus, and provide a special diet training to food preparation for staff to ensure competency.</p> <p>2. Policy and procedures will be updated to include the services of registered dietitian. Names of R.D</p> <p>1. Caroli Medina 2. Leticia Manning - 781-5008</p>	<p>2/22/2023</p>

STATE OF MARYLAND
 DEPARTMENT OF HEALTH
 STATE LICENSING

FEB 22 11:27 AM '23

Licensee's/Administrator's Signature: Imelda Arredola Fu

Print Name: Imelda Arredola

Date: 2-22-2023

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STATE OF ARIZONA
DEPARTMENT OF
STATE LICENSING