

Office of Health Care Assurance

State Licensing Section

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 11 – 13, 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
DHHS-OSHA
STATE LICENSING

23 AUG 14 P 1:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver #3 – No current annual physical examination.</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 04/20/2023, SCG #3 completed her annual physical examination signed by her physician. On 08/08/2023, the Human Resources (HR) received SCG #3 completed annual physical examination form.</p> <p>2. On 07/24/2023, the Nurse Manager and Human Resources (HR) reviewed and audit all Manoa Cottage employees annual physical examination to ensure that it has been completed and were signed by a physician or APRN.</p> <p>3. The Nurse Manager found eight other employees that did not have their current annual physical examination signed by the physician or APRN. On 08/11/2023, the HR received six out of the eight outstanding annual physical examination and were signed by the physician. The remaining two employees will be taken out of the schedule until annual clearance have been received.</p>	<p>08/08/2023</p> <p>07/24/2023</p> <p>08/11/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver #3 – No current annual physical examination.</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 Human Resources (HR) or designee will continue to record and ensure that all new hire(s) has completed their annual physical examination before providing their training schedule.</p> <p>2. The HR or designee will continue to record and monitor the employees credential log for annual physical examination to ensure that all employees have completed and are current with their annual physical examination.</p> <p>3. The HR or designee will begin to send notifications to employees needing completion of their annual physical examination three months before its due date. The HR or designee will continue to send notifications bi-weekly until a completed annual physical examination has been received. Employees who fails to provide a completed annual physical examination by its due date will be taken off the schedule until a completed physical examination has been provided to the HR.</p> <p>4. The Nurse Manager or designee will audit the employees credential log for annual physical examination every month to ensure that all employees are current with their annual physical examination.</p>	<p>07/25/2023</p> <p>07/25/2023</p> <p>07/25/2023</p> <p>07/25/2023</p>

STATE OF HAWAII
 DEPT. OF HEALTH
 STATE LICENSING

23
 AUG 14 P1:12

	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> SCG #1 – No current annual tuberculosis (TB) clearance. Last available TB clearance from 3/29/2022.</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>1. On 07/18/2023, SCG #1 completed her annual tuberculosis clearance and was signed by the physician on the same day.</p> <p>2. On 07/24/2023, the Director of Nursing (DON) reviewed and audit all Manoa Cottage employees initial and annual tuberculosis clearance to ensure that it has been completed and were signed by a physician or APRN.</p> <p>3. The DON found four other employees that did not have their initial tuberculosis clearance signed by the physician or APRN. On 07/25/2023, the initial tuberculosis clearance form for the four employees were signed by the physician. There were eight other employees that did not have their annual tuberculosis clearance signed by the physician or APRN. On 07/25/2023, the annual tuberculosis clearance form for the eight employees were signed the physician.</p>	<p style="text-align: center;">07/18/2023</p> <p style="text-align: center;">07/24/2023</p> <p style="text-align: center;">07/25/2023</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> SCG #1 – No current annual tuberculosis (TB) clearance. Last available TB clearance from 3/29/2022.</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>1. The Human Resources (HR) or designee will continue to record and ensure that all new hire(s) has completed their initial tuberculosis clearance and signed by a physician or APRN before providing their training schedule.</p> <p>2. The HR or designee will continue to record and monitor the employees credential log for annual tuberculosis clearance to ensure that all employees are current and annual tuberculosis clearance form is signed by a physician or APRN.</p> <p>3. The HR or designee will begin to send notifications to employees needing completion of their annual tuberculosis clearance three months before its due date. The HR or designee will continue to send notifications bi-weekly until a completed and signed annual tuberculosis clearance has been received. Employees who fails to provide a completed and signed annual tuberculosis clearance by a physician or APRN by its due date will be taken off the schedule until a completed and signed annual tuberculosis clearance has been provided to the HR.</p> <p>4. The Nurse Manager or designee will audit the employees credential log for initial and annual tuberculosis clearance every month to ensure that all employees has completed the initial and annual tuberculosis clearance and were signed by the physician or APRN.</p>	<p>07/25/2023</p> <p>07/25/2023</p> <p>07/25/2023</p> <p>07/25/2023</p>

STATE OF HAWAII
DOH-QUAL
NITE LICENSING

AUG 14 P 1:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – No current first aid certification as certification was obtained online instead of in-person.</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>1. On 12/22/2021, SCG #1 attended and completed the in-person first aid certification. On 07/19/2023, the Human Resources (HR) received a copy of the in-person completed first aid certification.</p> <p>2. On 07/20/2023, the Nurse Manager reviewed and audit all Manoa Cottage employees to ensure that first aid certification were completed and obtained in-person. The Nurse Manager found two other employees that completed and obtained their first aid certification online. On 07/24/2023, the two employees completed their in-person first aid certification. On 08/10/2023, the HR received a copy of the completed and obtained in-person first aid certification for the two specified employees.</p>	<p>07/19/2023</p> <p>08/10/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – No current first aid certification as certification was obtained online instead of in-person.</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. The Human Resources (HR) or designee will continue to record and ensure that all employees first aid certification were obtained and completed in-person.</p> <p>2. The HR will provide a copy of the each new hire(s) first aid certification and the first aid re-certification for the current employees to Nurse Manager or Director of Nursing to review and to ensure that first aid certification were obtained and completed in-person.</p>	<p>07/24/2023</p> <p>07/24/2023</p> <p style="text-align: right;">23 AUG 14 P 1 :11</p> <p style="text-align: right;">STATE OF HAWAII BOH-DHPA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – No current cardiopulmonary resuscitation certification as certification was obtained online instead of in-person.</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>1. On 12/22/2021, SCG #1 attended and completed the in-person cardiopulmonary resuscitation certification. On 07/19/2023, the Human Resources (HR) received a copy of the in-person completed cardiopulmonary resuscitation certification.</p> <p>2. On 07/20/2023, the Nurse Manager reviewed and audit all Manoa Cottage employees to ensure that cardiopulmonary resuscitation certification were completed and obtained in-person. The Nurse Manager found one other employee that completed and obtained their cardiopulmonary resuscitation certification online. On 07/24/2023, the specified employee completed and obtained the in-person cardiopulmonary resuscitation certification. On 08/10/2023, the specified employee provided a copy of the completed and obtained in-person cardiopulmonary resuscitation certification to HR.</p>	<p style="text-align: center;">07/19/2023</p> <p style="text-align: center;">08/10/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – No current cardiopulmonary resuscitation certification as certification was obtained online instead of in-person.</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 Human Resources (HR) or designee will continue to record and ensure that all employees cardiopulmonary resuscitation certification were obtained and completed in-person.</p> <p>2. The HR will provide a copy of the each new hire(s) cardiopulmonary resuscitation certification and cardiopulmonary resuscitation re-certification for the current employees to Nurse Manager or Director of Nursing to review and to ensure that cardiopulmonary resuscitation certification were obtained and completed in-person.</p>	<p>07/24/2023</p> <p>07/24/2023</p> <p style="text-align: right;">23 AUG 14 P 1:11</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – Level of care not obtained prior to resident's readmissions on 1/15/2023 and 6/20/2023.</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>1. On 07/19/2023, the Nurse Manager re-evaluated Resident #1 and completed a new level of care form and faxed the completed level of care form to Resident #1 primary care physician. On 07/20/2023, the Nurse Manager received the signed level of care from Resident #1 primary care physician.</p> <p>2. On 07/20/2023, the Nurse Manager reviewed all level of care forms of residents that were recently re-admitted to the facility. The Nurse Manager found one resident needing a new level of care due to re-admission back to Manoa Cottage. On 08/07/2023, the Nurse Manager re-evaluated the specified resident and completed the new level of care form and faxed it to the resident's primary care physician for review and signature.</p>	<p style="text-align: right;">→</p> <p>07/20/2023</p> <p>08/07/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – Level of care not obtained prior to resident's readmissions on 1/15/2023 and 6/20/2023.</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. The Nurse Manager will notify the Director of Nursing anytime a resident will be re-admitted back to Manoa Cottage.</p> <p>2. The Nurse Manager will complete a new level of care form for residents that are re-admitted back to Manoa Cottage and to fax it to the resident's primary care physician for review and signature.</p> <p>3. The Director of Nursing or designee will review and audit all level of care for residents re-admitted back to Manoa Cottage to ensure that a new level of care form was completed and signed by their primary care physician prior to resident's re-admission to Manoa Cottage.</p>	<p>07/23/2023</p> <p>07/23/2023</p> <p>07/23/2023</p> <p style="text-align: right;">23 AUG 14 P1:11</p> <p style="text-align: right;">STATE OF HAWAII DGH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No evidence that the meals served met the nutritional needs of the residents as the serving size guidelines provided by the Consultant Registered Dietitian were not followed. Some residents were served the correct 3-ounce serving size of burger with lettuce and tomato, while other residents were served half portions of the 3-ounce serving size of the burger, including half a bun and smaller portions of lettuce and tomato.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No evidence that the meals served met the nutritional needs of the residents as the serving size guidelines provided by the Consultant Registered Dietitian were not followed. Some residents were served the correct 3-ounce serving size of burger with lettuce and tomato, while other residents were served half portions of the 3-ounce serving size of the burger, including half a bun and smaller portions of lettuce and tomato.</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> <ol style="list-style-type: none"> 1. On 07/25/2023, the Registered Dietitian (RD) provided an in-service training on the portion size to the dietary staff. 2. On 07/31/2023, the RD provided a copy of the six-week menu cycle with the portion size included. 3. The Nurse Manager or designee is to observe during meal times every month to ensure that all residents receives the same amount of portion unless it has been indicated and their is a order documentation for the resident to receive a smaller or half portion of served meals. 	<p>07/25/2023</p> <p>07/26/2023</p> <p>07/26/2023</p> <p style="text-align: right;">23 AUG 14 P 1 :11</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DHHS STATE LICENSING</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 – Ensure Clear (Three times a day for supplement. Give 1 carton 237 ml PO daily.) was not made available as ordered on 6/14/23, 6/15/23, 6/16/23. Resident meets criteria for severe protein calorie malnutrition.</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>	

	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 – Ensure Clear (Three times a day for supplement. Give 1 carton 237 ml PO daily.) was not made available as ordered on 6/14/23, 6/15/23, 6/16/23. Resident meets criteria for severe protein calorie malnutrition.</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. The Nurse Manager or designee will discharge the resident from the facility if they are admitted in the acute hospital to prevent any confusion or error.</p>	<p>07/18/2023</p> <p style="text-align: right;">23 AUG 14 P 1:11 STATE OF HAWAII DHF-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of primary care giver's assessment for resident upon 1/15/2023 and 6/20/2023 readmissions.</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;">N/A</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of primary care giver's assessment for resident upon 1/15/2023 and 6/20/2023 readmissions.</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 Nurse Manager will complete and document a new assessment for all residents that are readmitted back to Manoa Cottage.</p> <p>2. The Director of Nursing (DON) or designee will review and audit every month to ensure that a new assessment has been completed and documented for all readmission to Manoa Cottage.</p>	<p>07/20/2023</p> <p>07/20/2023</p> <p style="text-align: right;">23 AUG 14 P 1:11</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DQH-OHCA STATE LICENSING</p>

	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>FINDINGS Resident #1 – No incident reports created for 10/7/2022 fall, and 1/13/2023 and 1/16/2023 hospitalizations.</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>	

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<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><u>FINDINGS</u> Resident #1 – No incident reports created for 10/7/2022 fall, and 1/13/2023 and 1/16/2023 hospitalizations.</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 Nurse Manager will notify the Director of Nursing (DON) for any resident's falls, hospitalizations or any unusual circumstances.</p> <p>2. The Nurse Manager will ensure that an incident report is completed for the residents for falls, hospitalizations and any other unusual circumstances.</p> <p>2. The DON or designee will audit and review monthly to ensure that an incident report was completed for any resident's falls, hospitalizations, or any unusual circumstances.</p>	<p>07/20/2023</p> <p>07/20/2023</p> <p>07/20/2023</p>

23 AUG 14 P 1 :11
STATE OF HAWAII
DPT-080A
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #2 – Inventory of possessions written in pencil.</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>1. On 07/18/2023, the Substitute Care Giver (SCG) for Resident #2 re-wrote the inventory of possessions in blank ink pen.</p> <p>2. On 07/18/2023, the Nurse Manager reviewed all residents inventory sheets to ensure that the SCG completed and wrote the inventory of possessions in black ink. No other residents inventory of possessions were found written in pencil.</p>	<p>07/18/2023</p> <p>07/18/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #2 – Inventory of possessions written in pencil.</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. On 07/17/2023, the Nurse Manager placed the instructions memo at the beginning of the residents inventory binder stating for the SCG to use only black ink pen and no white out when completing the resident's inventory of possessions and all inventory sheet form for the residents must be reviewed and updated every year.</p> <p>2. On 8/10/2023, the Nurse Manager reviewed with the nursing staff the process of completing the resident's inventory of possessions.</p> <p>3. The Nurse Manager or the designee will review and audit the residents inventory binder every month to ensure that all residents inventory of possessions are completed, accurate and written in black ink only.</p>	<p>07/17/2023</p> <p>08/10/2023</p> <p>08/10/2023</p> <p style="text-align: right;">23 AUG 14 P 1:11 STATE OF HAWAII DOROTHY A STATE LICENSING</p>

	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> Resident #2 – Resident’s level of care form from June 2022 has the resident listed as “ARCH.” No new level of care form obtained, despite monthly summaries stating that the resident requires extensive assistance with activities of daily living (ADLs). In addition, staff has also stated the resident is wheelchair bound.</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> <ol style="list-style-type: none"> 1. On 07/20/2023, the Nurse Manager re-evaluated Resident #2 and completed a new level of care form. Per re-evaluation, Resident #2 falls under expanded level of care. 2. On 07/20/2023, the Nurse Manager faxed the new completed level of care form for Resident #2 to assigned primary care physician for review and signature. On 7/20/2023, the Nurse Manager received the signed level of care form for Resident #2. 3. On 07/22/2023, the Nurse Manager reviewed all residents level of care forms to ensure were updated and accurate. No additional residents are in need of new level of care at this time. 	<p style="text-align: center;">07/20/2023</p> <p style="text-align: center;">07/20/2023</p> <p style="text-align: center;">07/20/2023</p>

	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> Resident #2 – Resident’s level of care form from June 2022 has the resident listed as “ARCH.” No new level of care form obtained, despite monthly summaries stating that the resident requires extensive assistance with activities of daily living (ADLs). In addition, staff has also stated the resident is wheelchair bound.</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> <ol style="list-style-type: none"> 1. The Nurse Manager is to continue to review the residents level of care form every month and is to ensure that any resident with change of level of care requiring extensive assistance with ADLs must accurately reflect the level of care form and if case management services is needed. 2. The Nurse Manager is to notify the Director of Nursing (DON) of any resident with change level of care requiring extensive assistance with ADLs and possible case management services. 3. The Director of Nursing or designee is to review and audit the completed level of care every month to ensure that completed level of care accurately reflect the resident’s performance with ADLs and if case management services has been provided if needed. 	<p style="text-align: right;">07/29/2023</p> <p style="text-align: right;">07/29/2023</p> <p style="text-align: right;">07/29/2023</p> <p style="text-align: right;">23 AUG 14 P 1:11</p> <p style="text-align: right;">STATE OF HAWAII DGH/DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White out used on inventory of possessions.</p>	<p>PART I</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White out used on inventory of possessions.</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> <ol style="list-style-type: none"> 1. On 07/18/2023, the Substitute Care Giver (SCG) for Resident #1 re-wrote the inventory of possessions in blank ink pen. 2. On 07/18/2023, the Nurse Manager reviewed all residents inventory sheets to ensure that the SCG completed and wrote the inventory of possessions in black ink and no white out used. No other residents inventory sheet forms were found with use of white out. 3. On 07/17/2023, the Nurse Manager placed the instructions memo at the beginning of the residents inventory binder stating for the SCG to use only black ink pen and no white out when completing the resident's inventory of possessions and all inventory sheet form for the residents must be reviewed and updated every year. 4. On 8/10/2023, the Nurse Manager reviewed with the nursing staff the process of completing the resident's inventory sheet form. 5. The Nurse Manager or the designee will review and audit the residents inventory binder every month to ensure that all residents inventory of possessions are completed, accurate and written in black ink only. 	<p>07/18/2023</p> <p>07/18/2023</p> <p>07/18/2023</p> <p>08/10/2023</p> <p>08/10/2023</p>

STATE OF HAWAII
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STATE LICENSING

23 AUG 14 P 1:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 – 1/14/2023 discharge and 1/15/2023 readmission, as well as 6/15/2023 discharge and 6/20/2023 readmission, not reflected in general register.</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>1. On 07/18/2023, the Administrative Assistant updated the general register for Manoa Cottage Too to reflect Resident #1 discharge to Queens Medical Center on 01/14/2023 and re-admission back to Manoa Cottage Too on 01/15/2023 and again Resident #1 discharge to Queens Medical Center on 06/15/2023 and readmission back to Manoa Cottage Too on 06/20/2023</p> <p>2. On 07/18/2023, the Administrative Assistant reviewed all the general registrar to ensure that any resident that were discharge and re-admitted back to the facility accurately reflect in the general registrar.</p>	<p style="text-align: center;">07/18/2023</p> <p style="text-align: center;">07/18/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 – 1/14/2023 discharge and 1/15/2023 readmission, as well as, 6/15/2023 discharge and 6/20/2023 readmission, not reflected in general register.</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. The Administrative Assistant is to update the general registrar anytime a resident is admitted and re-admitted to the facility and anytime a resident is discharge from the facility.</p> <p>2. The Nurse Manager or designee is to review the general registrar every month to ensure that it is maintained and accurately reflected anytime a resident is admitted and re-admitted to the facility and anytime a resident is discharge from the facility.</p>	<p>07/30/2023</p> <p>07/30/2023</p> <p style="text-align: right;">23 AUG 14 P 1:11</p> <p style="text-align: right;">STATE OF HAWAII DOH-GHCA STATE LICENSING</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 #2 – Inventory of possessions last updated on 6/12/2022.</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>1. On 07/20/2023, the Substitute Care Giver (SCG) updated the inventory of possessions for Resident #2.</p> <p>2. On 07/20/2023, the Nurse Manager reviewed the inventory of possessions for all the residents to ensure that the SCG have completed and updated the residents inventory of possessions form annually. The rest of the residents inventory of possessions were current and updated for this year.</p>	<p style="text-align: center;">07/20/2023</p> <p style="text-align: center;">07/20/2023</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 #2 – Inventory of possessions last updated on 6/12/2022.</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>1. On 07/17/2023, the Nurse Manager placed the instructions memo at the beginning of the residents inventory binder stating for the SCG to use only black ink pen and no white out when completing the resident's inventory of possessions and all inventory of possessions for the residents must be reviewed and updated every year.</p> <p>2. On 08/10/2023, the Nurse Manager reviewed with the nursing staff the process of completing the resident's inventory of possessions and how it should be reviewed and updated annually.</p> <p>3. The Nurse Manager or the designee will review and audit the residents inventory binder every month to ensure that all residents inventory of possessions are completed and current for the year.</p>	<p>07/17/2023</p> <p>08/10/2023</p> <p>08/10/2023</p> <p style="text-align: right;">23 AUG 14 P 1 : 1</p> <p style="text-align: right;">STATE OF HAWAII BOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #2 – No case management services being provided for resident who is wheelchair bound and requires extensive assistance with ADLs.</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>1. On 07/20/2023, the Nurse Manager re-evaluated Resident #2 and completed a new level of care form. Per re-evaluation, Resident #2 falls under expanded level of care.</p> <p>2. On 07/20/2023, the Nurse Manager faxed the new completed level of care form for Resident #2 to assigned primary care physician for review and signature. On 7/20/2023, the Nurse Manager received the signed level of care form for Resident #2.</p> <p>3. On 07/22/2023, the Nurse Manager notified Resident #2 POA of the changed level of care and requires case management services. On 07/22/2023, the Nurse Manager reach out to the Case manager for case management services for Resident #2. On 07/25/2023, the assigned Case Manager completed her initial visit for Resident #2.</p> <p>4. On 07/22/2023, the Nurse Manager reviewed all residents level of care forms to ensure were updated and accurate. No additional residents are in need of case management services at this time.</p>	<p style="text-align: center;">07/20/2023</p> <p style="text-align: center;">07/20/2023</p> <p style="text-align: center;">07/25/2023</p> <p style="text-align: center;">07/22/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #2 – No case management services being provided for resident who is wheelchair bound and requires extensive assistance with ADLs.</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. The Nurse Manager is to continue to review the residents level of care form every month and is to ensure that any resident with change of level of care requiring extensive assistance with ADLs must accurately reflect the level of care form and if case management services is needed.</p> <p>2. The Nurse Manager is to notify the Director of Nursing (DON) of any resident with change level of care requiring extensive assistance with ADLs and possible case management services.</p> <p>3. The Director of Nursing or designee is to review and audit the completed level of care every month to ensure that resident's needing extensive assistance with ADLs are provided with case management services.</p>	<p>07/29/2023</p> <p>07/29/2023</p> <p>07/29/2023</p> <p style="text-align: right;">23 AUG 14 P 1 :11</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: _____



Print Name: Kevin Wu

Date: 08/11/2023