Office of Health Care Assurance

State Licensing Section

'23 NOV 28 P2:48

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manayan's ARCH-EC-LLC	CHAPTER 100.1
Address: 1319 Gulick Avenue, Honolulu, Hawaii 96819	Inspection Date: November 8, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** Substitute Caregiver (SCG) #1 – Valid Fieldprint clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute care giver finger print done on November 13, 2023 STATE OF HAWAII STATE LICENSING	11-27-23 '23 NOV 28 P12:48

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Primary Caregiver reports cooking food to 72°F; however, acceptable minimum cooking temperature is 165°F.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	11-07-23

'23 NOV 28 P12:48

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Primary Caregiver reports cooking food to 72°F; however, acceptable minimum cooking temperature is 165°F.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have reviewed cooking temp and dicuss for all the staff. I place reminder on refregerator minimum cooking temp. 165°	1-17-24

'24 JAN 17 A10

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 8/21/23 states, "Artificial tears 1 drop PRN both eyes"; however, PRN indication not provided. Medication order incomplete.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** M.D. made T.O. to changed the order to Artificial Tears. Instill one drop to both eyes qd PRN for dryness and itchiness.	11-27-23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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JAN 17 A10 :17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Monthly progress notes do not include facility's observations of the resident's response to medications (daily).	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	11-27-23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Monthly progress notes do not include facility's observations of the resident's response to medications (daily).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I put a reminder note to a resident binder to include resident response to daily medications in the monthly progress note	1-17-24 '24 JAN 17 A10:17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Care plan dated 10/17/23 states "Megestrol acet. 40mg/mL susp Take 20mL orally once daily"; however, medication was discontinued on 8/21/23. Submit revised care plan with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I contacted the resident doctor and asked for a copy of the D/c orders and placed it in my chart I have to taken out the medication from resident med list and reviewed all other meds to ensure accuracy and update the case manager to update the care plan.	'23 DEC 12 PM2:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: [signature]

Print Name: Florence Manayan

Date: 11-27-23

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Licensee's/Administrator's Signature: [signature]

Print Name: Florence Mangayan

Date: 1-17-24

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