

**Hawaii Department of Health  
Office of Health Care Assurance**

**State Licensing Section**

**STATEMENT OF DEFICIENCIES/LICENSING/PLAN OF CORRECTION NOTICE**

**February 5, 2024**

**TO:**

<b>Todd Pang</b>	<b>Living Manoa Gardens</b>
<b>Living Manoa Gardens, LLC</b>	<b>Honolulu, Hawaii 96822</b>
<b>2385 Beckwith Street</b>	<b>Honolulu, Hawaii 96822</b>

**ENCLOSED WITH THIS FORM:**

<input checked="" type="checkbox"/> <b>Statement of Deficiencies (SOD)</b>	Annual Inspection <b>February 2, 2024</b>
<input type="checkbox"/> <b>SOD</b>	Annual Unannounced Visit <Date and Time>
<input type="checkbox"/> <b>SOD</b>	Complaint Investigation <Date>
<input type="checkbox"/> <b>SOD</b>	Untimely Submission of Plan of Correction (POC)
<input type="checkbox"/> <b>License One (1) Year</b>	Issued without SOD
<input type="checkbox"/> <b>License One (1) Year</b>	Issued with SOD. May be rescinded if POC is not acceptable or submitted in a timely manner.
<input type="checkbox"/> <b>License One (1) Year</b>	POC acceptable
<input type="checkbox"/> <b>License Previously Issued (No Enclosure)</b>	POC acceptable
<input type="checkbox"/> <b>License Less Than One (1) Year</b> <# of Months>	POC acceptable. Issued to maintain licensing month.
<input type="checkbox"/> <b>License Less Than One (1) Year</b> <# of Months>	Other <State Reason>
<input type="checkbox"/> <b>License Less Than One (1) Year</b> <# of Months>	Issued to allow time to complete the licensing process
<input type="checkbox"/> <b>License Less Than One (1) Year</b> <# of Months>	Issued to allow time for you to submit a POC
<input type="checkbox"/> <b>Comments/Advisements</b>	See next page(s)

**RE: Statement of Deficiencies.** A list of non-compliant areas found during the inspection is enclosed.

**RE: Plan of Correction.** The POC must be submitted within ten (10) working days of receipt of this letter.

Your POC must be written on the enclosed Statement of Deficiencies and Plan of Correction form. Revisions to the form or facsimiles of this form will not be accepted and the POC will be returned, un-reviewed. As an alternative to using the form provided to you, please contact your Consultant for specific information regarding using attached pages for your POC.

Please complete the POC by (1) Explaining how you corrected each deficiency and (2) Explaining what you will do in the future to prevent similar deficiencies from recurring.

Please contact your Consultant if you have questions or need assistance with the POC. Our office hours are from 7:45 a.m. to 4:30 p.m., Monday through Friday.

**RE: Licenses.** Licenses may be revoked for just cause.

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Living Manoa Gardens</b>	<b>CHAPTER 100.1</b>
<b>Address: 2385 Beckwith Street, Honolulu, Hawaii 96822</b>	<b>Inspection Date: February 2, 2024 Annual</b>

**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.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Staff member reports cooking food, chicken to 160°F, and beef to 140-145°F. Cooking temperatures reported are below minimum safe cooking temperature of 165°F.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes from 3/2023-10/2023 state resident’s monthly weight as “3/28/23 = 156.6”; however, monthly weight record indicates resident’s weight ranged from 150-160lbs during this time period.</p> <p>Resident #2 – Monthly progress notes from 2/2023-9/2023 state resident’s monthly weight as “3/28/23 = 156.6”; however, monthly weight record indicates resident’s weight ranged from 79.6-90.6lbs during this time period.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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><b><u>FINDINGS</u></b>  Resident #2 – White correction tape used on Resident Emergency Information Sheet</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Signed financial agreement unavailable for admission on 3/20/23.</p> <p>Submit a copy with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Documentation signed that resident has been fully informed orally or in writing at the time of admission of resident's rights and rules governing resident conduct for admission on 3/20/23 was unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Monthly fire drills do not include participation of residents</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> Bedrooms #2,7,8 – Resident pillows did not include plastic pillow protectors or resident initials</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence resident’s case manager provided training on daily personal care and specialized care (e.g., preparing texture diet, preparing thickened liquids, safe swallow guidelines, signs/symptoms of hyper-/hypoglycemia, applying Ocusoft Lid Scrub, administering crushed medications)</p> <p>Submit documented evidence of training completed by case manager to caregivers with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1)            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:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence a pre-admission comprehensive assessment was completed by the case manager prior to admission into the facility on 3/20/24.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            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:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – The following medication orders dated 12/22/23 were not reflected in the current care plan (dated 1/16/24):</p> <ul style="list-style-type: none"> <li>• Fluticasone propionate 50mcg/act – 2 sprays in both nostrils one time a day</li> <li>• Lactobacillus acidoph-L. bulgaricus 1 million cell tablet – 1 tab by mouth daily for 360 days</li> </ul> <p>Submit a revised care plan with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            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:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence a monthly face-to-face visit was conducted by the case manager with the resident for the months of 3/2023 and 4/2023.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_