

Office of Health Care Assurance

24 DEC -9 11:17

State Licensing Section

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 19, 2024 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 PER HAR 11-100.1-3(e)(2). 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>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 6/7/24 for Carbamazepine Peroxide 6.5% otic solution instill 10 drops in right ear BID X 5 days start 7/18/24 did not appear on July medication administration record (MAR). Medication order was discontinued on 7/22/24.</p>	<p>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>12. 4. 24</p> <p style="text-align: right;">24 DEC -9 P 1:17</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 6/7/24 for Carbamazepine Peroxide 6.5% otic solution instill 10 drops in right ear BID X 5 days start 7/18/24 did not appear on July medication administration record (MAR). Medication order was discontinued on 7/22/24.</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) I will add the order on the medication record right away.</p> <p>2) I will add in my resident note, in my resident binder.</p> <p>3) I will double check to make it sure is accurate.</p>	<p>12-4-24</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">24 DEC -9 11:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – Care plan did not include risk for eye infection; on routine Artificial tears for dry eyes and with a history of pseudophakia OD/cataract surgery on 11/6/23. <i>Submit a copy of the revised care plan with your plan of correction (POC).</i></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><i>I call the case manager to submit the updated care plan for the Artificial tears for dry eyes that was not recorded for the result of At Risk of Infection after (P) eye cataract surgery.</i></p> <p><i>I call the case manager on 11-22-24</i> <i>I received a copy that she send to me on 11-30-24</i></p>	<p>12.4.24</p> <p style="text-align: right;">24 DEC -9 11:18</p>

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Licensee's/Administrator's Signature: *Florence Mahayah* CEO

Print Name: Florence Mahayah

Date: Dec 4, 2024

STATE OF
MISSISSIPPI
STATE EDUCATION

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