Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mana's Adult Care	CHAPTER 100.1
Address: 92-1177 Pueonani Street Kapolei, Hawaii 96707	Inspection Date: October 17, 2024 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION, IL 11 IS NOT, NOT RELY AN 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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS Substitute care giver #2: No documented evidence of annual physical exam.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Substitute Care Given #2 Annual P.E. was done 12/5/24	

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To the same of

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
(h) 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. FINDINGS Resident #1: no documented evidence of annual TB clearance.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Resident # / Annual 7/3 Clearance was done dated /0/22/2024.	3/24/25
	§11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS Resident #1: no documented evidence of annual TB	\$11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS Resident #1: no documented evidence of annual TB clearance.

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	of these all the documents of my periodents Annual The Clearances began its due. I will period neords 2 months began inspection.	3/24/25

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§11-100.1-9 Personnel, staffing and family requirements (b)	PART 2	
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	to remind myself to check	- :
	Annal TB clearance in	:
	2 months began the due	Ł
	J will do a chidelist fo remind snyelf to check bry substitute Care Birus Annual TB clearance in 2 months began the due date and began the inspection.	3/24/25
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X	§11-100.1-9 Personnel, staffing and family requirements. (b)	PART 2	
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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 #4: No documented evidence of progress notes for the year 2024.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Resident # 4 progress rates for your 2024 is up to date monthly: provided.	3/24/25

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Progress notes the more often as appressident's responsany changes in cobehavior patternsaction taken. Doint immediately who	ecords and reports. (b)(3) e, records shall include: at shall be written on a monthly basis, or propriate, shall include observations of the se to medication, treatments, diet, care plan, ondition, indications of illness or injury, s including the date, time, and any and all ocumentation shall be completed en any incident occurs; documented evidence of progress notes for otember 2024.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will do my Checkert and to remind myself to document monthly kesidems H Progress xales.	3/24/25

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\$11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #4: No annual diet order.	USE THIS SPACE TO TELL US HOW YOU	3/24/25

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 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (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. FINDINGS Resident #4: October MAR blank from the 1st to the 17th.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Ruident #4 October max is corrected and filled in	
	Resident #4 October 1140x is corrected and filled in the blank after the Inspection date. 10/17/24.	3/24/25

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		I will do my chedlist to remind myself to chede and documedtess daily resident # 4 October non	
		Kesident #4 October non	
		and to the real of the	
		months.	
		I will review records	
		I will review records 2 months began the Inspection.	3/24/25
		Inspection.	

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§11-100.1-15 Medications. (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. FINDINGS Resident #5: October MAR prefilled.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG Carustus Kisident #5 OCTABLE MAR dated 10/17/24.	3/24/25
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	I will do my cheddiff for remark myself and for document daily Les. #5 I will check of review levident recorde 2 months before the Inspection.	t, 3/24/25

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (f)(1) General rules regarding records: 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; FINDINGS Resident #4: White out used in September MAR.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG Changed and Corrected White out for Res. # 4 Supt. MAR. on the date of Inspection. 10/17/24-	3/24/25

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS No signaling device in in bathroom #1.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG changed right away Signalify Devices in BOTHROO, HI- on the Inspection date. (10/17/24)	3/24/25

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Licensee's/Administrator's Signature:

Print Name:

Date: 12/25/py 3/24/25