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: September 4, 2025 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.

	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 #1: No documented evidence of annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SUBSTITUTE CARE GIVER #1 ANNUAL P.E. WAS DONE 9/9/2025.	12/16/25

	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 #1: No documented evidence of annual physical exam.	**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 WILL DO CHECKLIST, TO REMIND MYSELF 2 MONTHS ~~BEFORE THE ANNUAL~~ ~~[illegible]~~ OF ANNUAL PHYSICAL EXAMS DUE DATE OF MY SUBSTITUTE CARE GIVERS.	12/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #4: Diet order of 'Low sodium" and fluid restriction of 1800ml per. No documented evidence that special diet is being provided as ordered. No documented evidence that fluid intake is being monitored.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RESIDENT #4 ORDER OF LOW SODIUM + FLUID RESTRICTION OF 1800 ML. WAS CORRECTED AND DONE; DOCUMENTED AFTER THE INSPECTION DATE (9-4-25) • 12/15/25 - DC PREVIOUS FLUID RESTRICTION OF 1800 ml. ORDERED BY QUEENS MED. GERIATRIC DR./APRN.	12/16/25

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☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #4: Diet order of 'Low sodium" and fluid restriction of 1800ml per. No documented evidence that special diet is being provided as ordered. No documented evidence that fluid intake is being monitored.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** · PCG WILL FOLLOW AND DOCUMENT DR. ORDERS OF MY RESIDENTS EACH DAY. · PCG COMPLETED AND DOCUMENTED RES. #4 DIET ORDER OF LOW SODIUM + FLUID RESTRICTION OF 1800 ml. POC. AFTER THE INSPECTION DATE. (9-4-25) · PCG WILL DO A CHECKLIST NOTES FOR REMINDERS ON THE RES. #4 BINDER. /AM	12/14/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #4: No re-admission assessment by primary care giver on 12/25/24 after hospitalization.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RESIDENT #4 RE-ADMISSION BY PCG WAS DONE/DOCUMENTED AFTER THE INSPECTION DATE. (9/4/25).	12/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #4: No re-admission assessment by primary care giver on 12/25/24 after hospitalization.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL MAKE SURE AND TO DOCUMENT RE-ADMISSION ~~ASSESTMENT~~ OF ~~RESIDENTS~~ ~~AFTER~~ THEIR HOSPITALIZATION. I WILL MAKE A CHECKLIST & REMINDER NOTES ON THE RESIDENTS BINDER.	12/16/25

	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: Progress notes incomplete. Progress notes do not include if diet was tolerated, response to medication, or changes in condition.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RESIDENT # 1 PROGRESS NOTES WAS FILLED AND CORRECTED AFTER THE INSPECTION DATE. (9/4/25)	12/16/25

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☒	§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: Progress notes incomplete. Progress notes do not include if diet was tolerated, response to medication, or changes in condition.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1. PCG WILL BE MAINTAINING MONTHLY AND DOCUMENTING RESIDENT #1 OBSERVATIONS OF DIET, MEDICATION, CHANGES OF CONDITION + ETC. 2. I WILL DO MY CHECKLIST NOTE TO REMIND MYSELF + TO DOCUMENT RES-#1 PROGRESS NOTES ON THE BINDER.	12/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Resident #4: Hospitalization not documented on register from 12/10/24 to 12/25/24	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RESIDENT #4 HOSPITALIZATION WAS DOCUMENTED ON THE REGISTER FROM 12/10/24 TO 12/25/24 AFTER THE INSPECTION ~~DATE~~. (9/4/25)	12/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Arlene S. Mora

Print Name: ARLENE S. MORA

Date: 12/14/25