Rcvd 2/14/25

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care, L.L.C.	**CHAPTER 100.1**
Address: 2870 Oahu Avenue, Honolulu, Hawaii 96822	**Inspection Date: January 6, 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 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).

FEB 14 2025

	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** SCG #1 – Current physical exam 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** *Debrief performed with Care team on 01/28. *Caregiver completed physical on 01/13/25. *See attachment A.	01/13/2025

FEB 14 2025

	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** SCG #1 – Current physical exam unavailable for review Submit a copy with plan of correction	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon hire, administrative team to collect completed qualifications and reminder to be provided on last qualifications needed. *Completed qualifications are to be tracked in excel document by Operations Coordinator on administrative team. *Quarterly reminders to be sent out to all staff for completion. *Nurse management to perform routine house visits and track this in Teams on report document. *Monthly checks for management during these visits include qualification checks of all staff. *This provides ability to give verbal reminders and follow up with staff that are soon to be due.	01/28/2025

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	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 #1 – Diet order, puree consistency ordered on 12/2/24 was not clarified with the physician to include the type of diet Submit a copy of clarified diet order with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Debrief performed with team on 01/28/25. *Education provided to include all three components of diet when obtaining and clarifying with physical, therapeutic type, consistency, and fluids. *Order clarified on 2/3/25. *See attachment B.	02/03/2025

	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 #1 – Diet order, puree consistency ordered on 12/2/24 was not clarified with the physician to include the type of diet Submit a copy of clarified diet order with plan of correction	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon receival of new diet order, nurses are to ensure all three components of order are observed. *New order is transcribed into MAR and on applicable documents. *Two checks from trained staff are to be done to ensure accuracy of order. *Nurse management performs routine house visits and tracks this via Teams document. *During these visits, new orders are also checked with team and management to further ensure accuracy.	01/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – PCG assessment for admission on 7/3/19 does not include a date completed; unable to confirm when PCG assessment was completed	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – PCG assessment for admission on 7/3/19 does not include a date completed; unable to confirm when PCG assessment was completed	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon admission, nurse on shift to complete admission assessment. *Upon completion, nurse is to review and also have another trained staff member to review admission assessment for accuracy. *Forms update performed and initiated, two signature locations placed on admission documents for plan of correction. *In addition, nurse management performs routine house visits and tracks this via Teams. *During this visit, documents such as admission assessments should be overseen to ensure accuracy.	02/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: 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; **FINDINGS** Resident #1 – Current care plan dated 12/30/24 states resident has been prescribed the following diets, "Regular diet, pureed texture and pudding thick liquids consistency" and "Regular moist minced as tolerated nectar thick liquids"; however, per physician's order dated 11/14/24 and 12/17/24 states, "Puree consistency, if dairy intake see as needed lactase" and "honey to pudding – thick liquids by use of thick-it. No dairy milk". Diet orders reflected in current care plan does not reflect the resident's current diet order. Submit a copy of 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** *Discussion occurred with Case Manager to obtain corrected Care Plan. *See attachment C.	02/12/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: 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; **FINDINGS** Resident #1 – Current care plan date 12/30/24 does not include the medication orders for the following medications/supplements currently prescribed: Vitamin D3, Prolia, Vitamin B12, omeprazole, melatonin, doxepin, cyclosporine EMU 0.5% OP, Refresh Plus 0.5% OP, Bisoprolol, lactase, calprotect, nitroglycerine, asper creme Submit a copy of revised care plan with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon receipt of new order, nurse on shift to update CM with any changes. *With changes, nurse to cross out old order and write change. *During next CM visit, CM to oversee and check for accuracy upon making new care plan. *In addition, monthly summary document to include a check for Care Plan (if applicable). This will be checked and signed by two nurses at end of month. *Lastly, nurse management performs house visits tracked via teams document. This will be a check during these visits.	02/14/2025

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 02/14/2025