

Office of Health Care Assurance

State Licensing Section

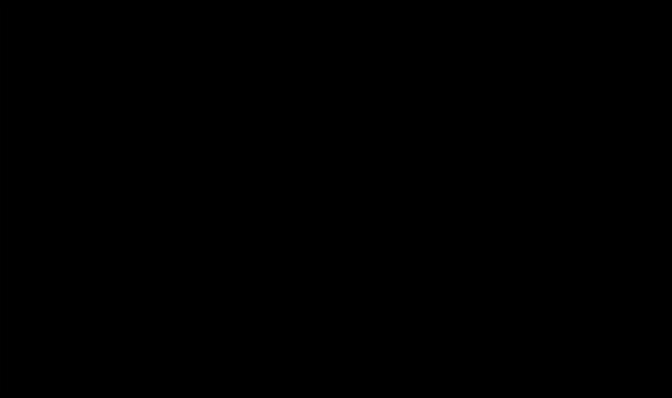
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE OF HAWAII  
HCH-OHCA LICENSING

<b>Facility's Name: Huapala Senior Care C, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 2649 C Huapala Street, Honolulu, Hawaii 96822</b>	<b>Inspection Date: June 8, 2015 Annual</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b>FINDINGS</b></p> 	 <p>The DON/ADON also make regular rounds in the homes at Manoa Senior Care and receives updates on the residents. The DON/ADON will assess for any level of care changes during the visits and initiate the process to transition to expanded care once identified.</p>	7/10/15 ✓

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>DON reviewed with all staff in the home the following established Manoa Senior Care Medication Guidelines:</p> <ul style="list-style-type: none"> <li>-All medication should be signed off right after a medication is given under the correct date/time box.</li> <li>-At the end of the shift, all medications administration records should be checked to ensure all medications are appropriately signed off.</li> </ul> <p>This review was also done with all staff during the Manoa Senior Care Nurse meetings held on July 8 and 10, 2015 and the Nurse Aide Meetings held on July 2, 13, 15, 16, 2015.</p>	<p>7/14/15 2</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>DON reviewed with the two Nurses in the home the following Manoa Senior Care charting policy:</p> <ul style="list-style-type: none"> <li>-Any appointments must be charted in the caregiver progress notes. This would include both when residents are taken to appointments outside of the home and any visits to the home by health care professionals.</li> </ul> <p>This review was also done with all staff during the Manoa Senior Care Nurse meetings held on July 8 and 10, 2015.</p>	<p>7/10/15 2</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (c) All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met.</p> <p><b>FINDINGS</b> No documentation of training for night shift care givers regarding hypo-/hyperglycemia so that the on-call nurse can be summoned to do PRN blood sugar testing.</p>	<p>The Nurses in the home reviewed with the night shift staff on schedule the signs/symptoms of hypo/hyperglycemia and when to notify the night nurse on call. A pictorial hypo/hyperglycemia information sheet is also posted in the Medication Administration Binder in the home as a reference. Training for Nurse Aide staff in all the Manoa Senior Care Homes will be completed by August 2015.</p>	<p>8/31/15 2</p>

Licensee/Administrator's Signature:           *nt 14~*            
Print Name:           *Robert Noyanni*            
Date:           *8/3/15*

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	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 5px;"></div>		

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>This issue will be reinforced to new staff when the medication administration competency is done with them on initial orientation. To prevent reoccurrence, it has been reinforced with all current staff that during shift reports the medication records should be checked to ensure all boxes are signed off appropriately. The DON/ADON will do periodic random audits to ensure compliance.</p>	<p>7/14/15 + origony</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>Along with reviewing the current charting policy with the current nurses, this information will be presented and reinforced with all new nurses on initial orientation. When the DON/ADON receives periodic shift report from the Nurses regarding the residents in the home, the DON/ADON will ask if the appointment was charted when it is brought up by the Nurses. The DON/ADON will also do informal and random periodic chart audits to check compliance.</p>	<p>7/10/15 + origony</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (c) All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met.</p> <p><b>FINDINGS</b> No documentation of training for night shift care givers regarding hypo-/hyperglycemia so that the on-call nurse can be summoned to do PRN blood sugar testing.</p>	<p>Training for all current Nurse Aide staff in all the Manoa Senior Care homes regarding signs and symptoms of hypo/hyperglycemia and appropriate reporting will be completed by August 2015. Hypo/Hyperglycemia training will be done with all new employees during initial orientation. The Manoa Senior Care Emergency policy and procedure has been revised to include hypo/hyperglycemia and reporting information. When any resident has an order for blood sugar finger stick, the ADON ensure competencies with the Nurses are completed. During that time, the ADON will remind the Nurses in the home to review with staff the hypo/hyperglycemia pictorial information sheet with staff and when to notify the nurse on call.</p>	<p>8/31/15 ~</p>

Licensee/Administrator's Signature: RA [Signature]  
Print Name: Robert Nagami  
Date: 8/24/15