

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

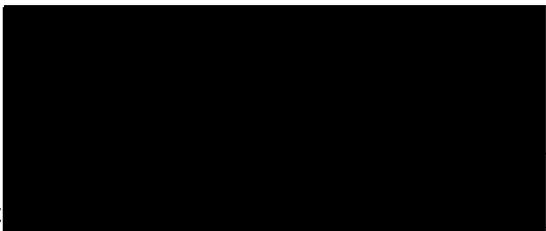
Facility's Name: Moonlight Vista ARCH	CHAPTER 100.1
Address: 98-1282 Hoohuali Place, Pearl City, Hawaii 96782	Inspection Date: February 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Family Member: No physician exam (P.E.). Submit copy with plan of correction (POC).</p>	<p>[REDACTED]</p> <p>IN THE FUTURE, I WILL PUT A NOTE ON MY REMINDER CHECKLIST TO INCLUDE "P.E." IN THE ARCH CARE GIVER SECTION OF THE CARE HOME FOLDER, AND COMPLETE MY ANNUAL REQUIREMENT FORM BY INCLUDING THE DATE P.E. WAS PERFORMED. (SEE ATTACHED FORM.)</p>	<p>04/25/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Family Member: No tuberculosis clearance. Submit copy with POC.</p>	<p>[REDACTED]</p> <p>IN THE FUTURE, I WILL PUT A NOTE ON MY REMINDER CHECKLIST TO INCLUDE "TB" IN THE ARCH CARE GIVER SECTION OF THE CARE HOME FOLDER, AND COMPLETE MY ANNUAL REQUIREMENT FORM BY INCLUDING THE DATE THE PPD, ATTESTATION, CXR AND TB WAS PERFORMED. (SEE ATTACHED FORM.)</p>	<p>04/24/15 (TB)</p> <p>04/25/15 (ATTESTATION)</p>

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☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Thermometer in resident's refrigerator not working. Showed 30°F in the refrigerator. After an hour on dining room table, registered 70°F.</p>	<p>THE FOLLOWING DAY AFTER THE INSPECTION, ONE (1) DIAL AND ONE (1) DIGITAL THERMOMETER WERE BOTH PURCHASED AND REPLACED WITH THE OLD THERMOMETER IN THE RESIDENT'S REFRIGERATOR. IN THE FUTURE, I WILL ENSURE THAT APPROPRIATE THERMOMETER AND TEMPERATURE ARE BEING MAINTAINED BY VERIFYING THE CALIBRATION IN TEMPERATURE TO BOTH DIAL AND DIGITAL THERMOMETERS.</p>	<p>02/11/15</p>
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Unsecured:</p> <ul style="list-style-type: none"> • Isopropyl alcohol x one (1) bottle and Hydrogen peroxide x three (3) bottles in resident bathroom. • Chain lubricant and car maintenance products in unlocked garage storage cupboards accessible to residents. 	<p>[REDACTED]</p> <p>IN THE FUTURE, I WILL ENSURE TOXIC/POISON CHEMICALS AND CLEANING AGENTS WILL BE SECURELY STORED WITH A LOCKING DEVICE AWAY FROM ANY FOOD SUPPLIES AND WILL CHECK FOR POTENTIAL TOXIC CHEMICALS, CLEANING AGENTS AND OTHER AREAS ACCESSIBLE TO RESIDENTS ONLY THROUGHOUT THE DAY.</p>	<p>02/10/15 (4) BOTTLES</p> <p>02/11/15 GARAGE STORAGE (4) HASPS (4) LOCKS</p>
☒	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p>	<p>[REDACTED]</p> <p>IN THE FUTURE, I WILL ENSURE THAT MAXIMUM OF TWO (2) LOCKING DEVICES FOR EXIT DOORS (FRONT AND BACK)</p>	<p>02/11/15</p>

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	<p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p>FINDINGS Front exit has three (3) locking devices.</p>	<p>BE FUNCTIONAL BY PUTTING A NOTE ON MY REMINDER CHECKLIST WITH "TWO (2) MAX LOCKS FOR EXIT DOORS" ON THE FIRE DRILL SECTION IN THE CARE HOME FOLDER AND VERIFY BY CHECKING EXIT DOORS WHEN LOCKING AND UNLOCKING AS WELL AS DURING MONTHLY FIRE DRILLS.</p>	<p>02/11/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p>FINDINGS Dining room table has twenty six (26) inch clearance.</p>	<p>[REDACTED]</p> <p>MOVING FORWARD, I WILL ENSURE THAT THE DINING ROOM TABLE HAS INDEED A 29 INCH CLEARANCE BY PUTTING A NOTE, "29 INCH FOR TABLE & W/C" ON MY REMINDER CHECKLIST ON THE FIRE DRILL SECTION IN THE CARE HOME FOLDER. IN ADDITION, A PORTABLE TABLE WITH ADJUSTABLE HEIGHT OF 21 3/4 - 29 1/4 INCH IS ON HAND AND AVAILABLE IN THE DINING ROOM SO THAT RESIDENTS WITH SHORTER HEIGHT OR WITH W/C MAY STILL PARTICIPATE WITH OTHER RESIDENTS DURING MEALTIMES.</p>	<p>02/11/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS [REDACTED]</p> <p>Submit copy of training with POC.</p>	<p>[REDACTED]</p> <p>MOVING FORWARD, I WILL ENSURE BASIC AND SPECIALIZED SKILLS INSTRUCTION AND TRAINING WILL BE UP TO DATE BY PUTTING A NOTE ON MY REMINDER CHECKLIST SAYING, "TRAINING" IN THE CARE MANAGER CARE PLAN AND PROGRESS NOTE SECTION IN THE RESIDENTS FOLDER.</p>	<p>02/18/15</p>

Licensee/Administrator's Signature:



Print Name:

Date: 05/01/15

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