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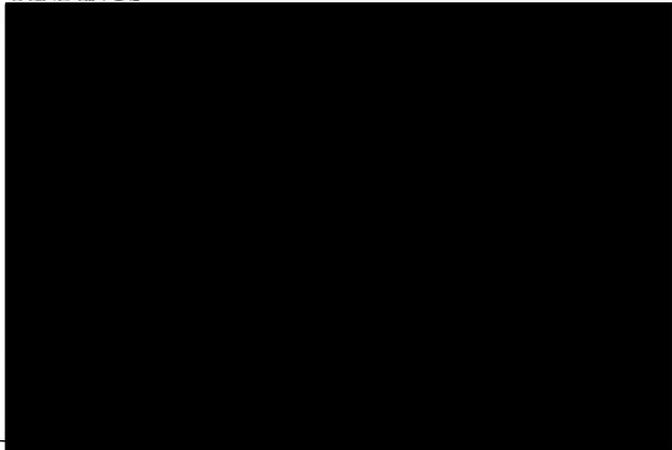
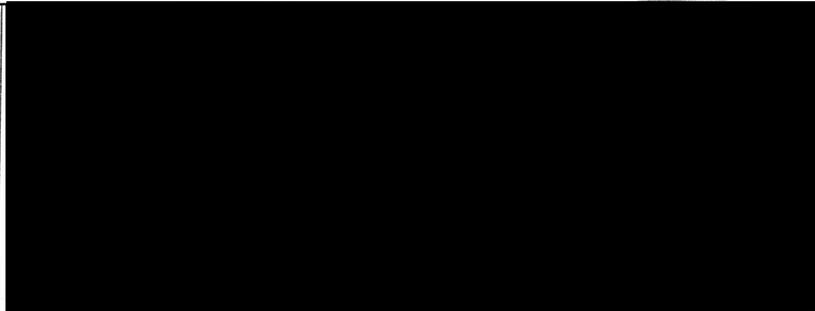
Office of Health Care Assurance

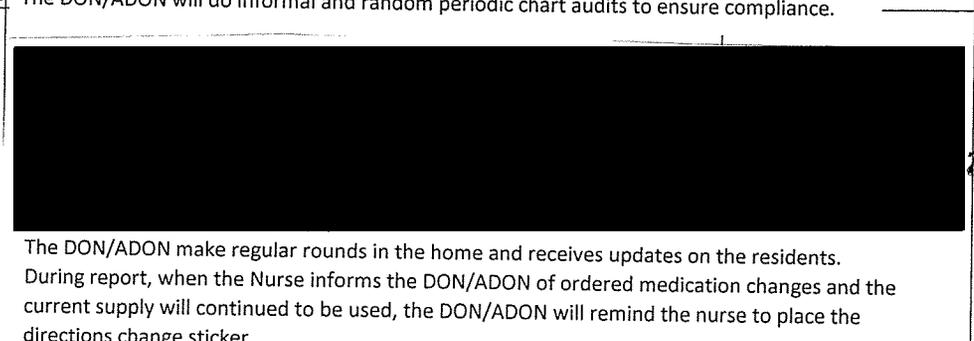
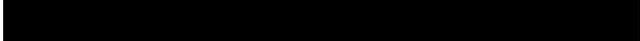
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

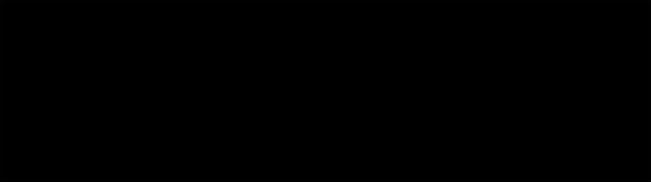
STATE OF HAWAII  
DH-ORCA LICENSING

Facility's Name: Huapala Senior Care B, LLC	CHAPTER 100.1
Address: 2649 B Huapala Street, Honolulu, Hawaii 96822	Inspection Date: December 7, 2015 Annual

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> 	MSC = Manoa Senior Care  DON reinforced with both nurses in the home that the MD/Nurse Practitioner note should always be reviewed before leaving an appointment, at the end of a home visit, or when a note is faxed to the home. The MSC "Physician Appointment" policy was update to reflect the above. DON also reviewed with the nurses that all new medication orders or orders related to the resident medications should be transcribed as a new order on the resident's medication administration record. The current entry should be discontinued and not revised. The MSC "Medication Administration Guidelines" policy was revised to reflect the above. The DON/ADON will do informal and random periodic chart audits to ensure compliance.	1/20/16 M

		<p>DON reinforced with both nurses in the home that the MD/Nurse Practitioner note should always be reviewed before leaving an appointment, at the end of a home visit, or when a note is faxed to the home. The MSC "Physician Appointment" policy was updated to reflect the above.</p> <p>DON also reviewed with the nurses that all new medication orders or orders related to the resident medications should be transcribed as a new order on the resident's medication administration record. The current entry should be discontinued and not revised. The MSC "Medication Administration Guidelines" policy was revised to reflect the above. The DON/ADON will do informal and random periodic chart audits to ensure compliance.</p>	<p>1/20/16 ~</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>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;</p> <p><b>FINDINGS</b> Resident  - Blue ink used in the progress notes for 11/17/15.</p>	 <p>The DON/ADON make regular rounds in the home and receives updates on the residents. During report, when the Nurse informs the DON/ADON of ordered medication changes and the current supply will continue to be used, the DON/ADON will remind the nurse to place the directions change sticker.</p>	<p>2/11/16 ~</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (2) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Medication administration;</p> <p><b>FINDINGS</b> Medication Administration policy noted: On the resident's Medication Administration Record, draw a line across the discontinued medication and highlight with yellow... The procedure was not followed as the medication change was written over the discontinued order in the medication record.</p> <ul style="list-style-type: none"> <li>• </li> <li>• </li> </ul>	<p>All blue ink ballpoint pens were removed from the home.</p> <p>DON reviewed with all staff in the home the following established Manoa Senior Care Charting guidelines that black ink only should be used when charting.</p> <p>To prevent reoccurrence: Staff will not be allowed to order any ballpoint color other than black on the house shopping list.</p> <p>The DON/ADON will do periodic informal random audits of the resident charts to ensure compliance.</p> <p>DON also reviewed with the nurses that all new medication orders or orders related to the resident medications should be transcribed as a new order on the resident's medication administration record. The current entry should be discontinued and not revised. The MSC "Medication Administration Guidelines" policy was revised to reflect the above. The DON/ADON will do informal and random periodic chart audits to ensure compliance.</p>	<p>12/11/15 ~</p> <p>1/20/16 ~</p>

	<ul style="list-style-type: none"> <li>• [REDACTED]</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)  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:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>The Expanded Care Case Manager updated the resident's care plan on 12/18/15. DON reviewed the existing MSC "Expanded Care" policy with both the Case Manager and the Nurses in the home. Specifically, that both the Case Manager and MSC Nurse should review the resident's care plan together when the case manager visits. All resident changes and updates should be reported to the Case Manager.</p> <p>The DON/ADON will do periodic and random audits of the expanded care care plans to ensure it is complete.</p>	<p>12/18/15  <i>W</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3)  During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the</p>		

	<p>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;</p> <p><b>FINDINGS</b></p> 		<p>The DON informed the nurses in the home that for any resident on supplemental products because of weight loss or poor intake, or if on a modified consistency diet, the resident's response should be charted in the "notes" section of the monthly summary. The MSC "Charting" policy has been revised to reflect this change and will be initiated in January 2016. The DON/ADON will do informal, random audits of the resident charts to ensure compliance.</p>	<p>1/29/16 r</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b></p> 		<p>DON explained to the nurses in the home that anyone order for thickened liquids should be documented on the MAR and signed off reflect that it was provided. The MSC "medication administration guidelines" policy was revised to reflect the above. The DON/ADON make regular rounds in the home and receives updates on the residents. During report, when the Nurse informs the DON/ADON of a resident receiving an order for thickened liquids, the DON/ADON will remind the nurse to transcribe the order to the MAR.</p>	<p>1/20/16 r</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><b>FINDINGS</b></p> 		<p>DON reviewed with the nurses in the home that any resident with complex dietary needs, significant weight loss or a consistent pattern of weight loss, poor wound healing, dysphagia diagnosis affecting intake should be reported to the DON/ADON so it can be evaluated if a dietary consultation needs to be initiated. The DON/ADON make regular rounds in the home and receives updates on the residents. During report, the DON/ADON will ask the nurse about any resident dietary issues.</p>	<p>12/11/15 r</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> During the Sanitarian's inspection, the medicine closet was not locked.</p>		<p>DON reviewed with the two Nurses in the home the importance of ensuring the medication cabinet doors are securely locked at all times for resident safety and the proper procedure to lock the door (latch and key). DON reminded the Nurses that the cabinet has a latch has to be pushed up in addition to locking the door with a key. To prevent reoccurrence: The DON/ADON make regular rounds in the homes at MSC and will do random checks to ensure compliance with the medication cabinet being locked.</p>	<p>12/11/15 ~</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>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.</p> <p><b><u>FINDINGS</u></b> Bedrooms #1 and #4 – Signaling device string was not reachable from resident's bed.</p>		<p>Additional cord was added to both residents signaling devices to ensure that it is reachable from the resident's bed. The signaling device in each resident's room was checked to ensure compliance. The DON/ADON will do random checks to ensure continued compliance.</p>	<p>1/20/16 ~</p>

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



Robert Nigami Don

1/20/16