

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care A	CHAPTER 100.1
Address: 2250 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: March 9, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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:</p> <p>A current inventory of money and valuables.</p> <p><b>FINDINGS</b> Resident #1 – No inventory of valuables at the time of admission [REDACTED]</p>	<p>MSC = Manoa Senior Care</p> <p>DON reviewed with the nurses in the home that a resident inventory needs to be completed on admission and readmission. MSC also does re-inventories every January after the initial admission. The nurses were also reminded to thoroughly follow the MSC Admission checklist which lists the task of completing a resident inventory. DON/ADON will do random new admission chart audits to ensure compliance.</p>	<p>3/14/16</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 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</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<p>action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b>  Resident #1 – Progress notes for [REDACTED] was written [REDACTED].  Resident #2 – No progress notes for [REDACTED] [REDACTED].</p>	<p>Manoa Senior Care utilizes the style of exception charting. The DON reviewed and reinforced with both Nurses in the home that the following items need to be charted in the progress notes daily: 1) Any significant resident event (i.e. wound, change in status, fall, etc.); 2) Any calls made to the physician; 3) Any appointments; 4) Any new orders; 5) Resident responses to any ordered treatments, prn medications; 6) Outings; 7) Any follow-ups or carryover from the previous shift.</p> <p>The DON/ADON make regular rounds in the homes at MSC and receives updates on the residents. During report, when the Nurse informs the DON/ADON of [REDACTED] the DON/ADON will remind the nurse to chart the incident in the progress notes. The DON/ADON will do periodic informal random audits to ensure compliance.</p>	<p>3/11/18</p>
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>  Resident #1 – No incident report [REDACTED] reported by the resident [REDACTED]. Progress notes reflected "See incident report for details."</p>	<p>DON reviewed the MSC policy that an Incident report needs to be completed for:</p> <ol style="list-style-type: none"> <li>1) Any resident/staff or property incident;</li> <li>2) Any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on premises, or elsewhere. [REDACTED]</li> <li>3) Anytime a resident is sent to the ER.</li> </ol> <p>DON also reviewed with the Nurses, that there should never be notation in the progress notes of an incident report being generated. The DON/ADON make regular rounds in the homes at MSC and receives updates on the residents. During report, when the Nurse informs the DON/ADON [REDACTED], the DON/ADON will remind the nurse to generate an incident report and to not chart in the progress notes that an incident report was completed. The DON/ADON will do periodic informal random audits to ensure compliance.</p>	<p>3/11/18</p>
<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (i)(2)  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>Windows shall have screens having no less than sixteen</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<p>meshes per inch.</p> <p><b>FINDINGS</b> One (1) window above the main French doors did not have a screen.</p>	<p>The screen has been replaced for the window above the main French doors. The House Supervisor in the home was reminded that all maintenance issues should be faxed to the Administrative office in a timely manner. The Director of Facilities Management will do periodic checks in the home to identify any maintenance issues that need to be fixed.</p>	<p>3/31/16 ~</p>
<p><input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u>. (1) 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.</p> <p><b>FINDINGS</b> Resident #1 – Current diet order for resident was [REDACTED]</p> <p>[REDACTED]</p> <p>Resident #1 – No documentation that diet order [REDACTED] was clarified with the physician to include the type of diet.</p>	<p>Retraining on modified food and liquid consistencies was provided for the nurses and nurse aides in the home regarding modified food and liquid consistencies. A reference sheet was also posted in the kitchen cabinet of the home. Training on modified food and liquid consistencies will be completed for all staff at MSC (Nurses and Nurse Aides [REDACTED]). The DON/ADON make regular rounds in the homes at MSC and will do periodic and random checks to ensure that the appropriate diets are being served.</p> <p>DON reviewed with the Nurses that a diet order should have 2 components: Therapeutic and Consistency. The order was clarified with the resident's physician [REDACTED] to read [REDACTED]. The DON/ADON make regular rounds in the homes at MSC and receives updates on the residents. During report, when the Nurse informs of a diet change, the DON/ADON will ensure that the order has the 2 components listed.</p>	<p>4/8/16 ~</p> <p>3/16/16 ~</p>
<p><input checked="" type="checkbox"/> §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> Resident #1 – Resident was ordered [REDACTED]; however, progress notes [REDACTED] stated resident was on [REDACTED]</p>	<p>Upon investigation by the DON, the nurse stated that [REDACTED] marked the wrong box on the monthly summary. DON spoke to the Nurse about ensuring accuracy and recommended to check the diet sheet listed in the kitchen when completing the monthly summary. The DON/ADON will do periodic and random audits of the monthly summaries to ensure compliance.</p>	<p>3/14/16 ~</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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>FINDINGS</b> Bedroom #5 – There was opened bag of cookies by the bedside.</p> <p>Lysol disinfectant spray was stored in one of the unlocked storage rooms.</p>	<p>The cookies are no longer in the room. DON spoke to the staff in the home that all dry snacks kept in the room need to be placed in a plastic resealable bag with the resident's name placed on the bag.</p> <p>The Director of Facilities Management will do periodic random checks in the home to ensure compliance.</p> <p>The Lysol was removed from the guest bathroom. DON reviewed with all staff in the home that all chemicals/cleaners can only be stored in locked storage areas of the home. The Director of Facilities Management will do periodic checks in the home to ensure compliance.</p>	<p>3/31/16</p> <p>3/31/16</p>
☒	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) 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>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><b>FINDINGS</b> Bedroom #7 – One (1) window screen was loose.</p> <p>Bedroom #8 – One (1) window screen was loose.</p>	<p>The loose window screens will be fixed [REDACTED]. The House supervisor (primary day shift NA) was reminded to send in maintenance requests to the Administrative office timely.</p> <p>The Director of Facilities Management will do periodic checks in the home to ensure compliance.</p>	<p>4/4/16</p>
☒	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(A) 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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><b>FINDINGS</b> Bedroom #1 – Ceiling light fixture has one (1) light bulb missing.</p>	<p>The missing light bulb was replaced.</p> <p>The Director of Facilities Management reviewed with House Supervisor (primary day shift Nurse Aide) in the home that [redacted] is responsible for changing all light bulbs in the home. If [redacted] unable to reach any areas, a maintenance request is to be sent to the Administrative office and the maintenance personnel will be scheduled to replace the bulb within 2 days. The Director of Facilities Management will do periodic random checks in the home to ensure compliance.</p>	<p>3/31/16</p>
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS</b> Bedroom #3 – Signaling device was not reachable from bed.</p>	<p>The signal cord is long enough to reach the resident's bed. However, the resident [redacted] is unable to [redacted] use [redacted] the signal cord [redacted] able to get in and out of bed and go to the bathroom located in [redacted] room independently. The ability of the resident to utilize the signal cord is assessed individually. For safety, we utilize the use of bed pad alarms for those residents who are unable to utilize the signal cord consistently and are at a high risk for falls. The DON/ADON will do periodic checks in the home to ensure that signal cords are placed appropriately for those residents that are able to use them both physically and cognitively.</p>	<p>3/31/16</p>

