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Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Winmax Senior Care L.L.C.	**CHAPTER 100.1**
Address: **3808 Harding Avenue, Honolulu, Hawaii 96816**	**Inspection Date: April 7 & 8, 2016 Annual**

	Rules (Criteria) MSC = Manoa Senior Care	**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** Substitute care giver #1 – No documentation of a physical examination (PE) prior to contact with residents. The care giver's name was not noted on the PE form. **Submit copy with the plan of correction.**	The nurse's physical exam document was faxed to the physician's office. The physician's office made the revision and included a notation that they were the party to do the revision. To prevent reoccurrence the MSC Human Resources Generalist will check each staff qualification form for accuracy before placing it into the MSC staff qualification master binder. Staff will be informed of any corrections needed.	4/27/16
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS**		

	Rules (Criteria)	Plan of Correction	Completion Date
	[redacted]	The [redacted] order was clarified with the primary physician [redacted]. The order was changed by the primary physician [redacted]. [redacted] DON reviewed with both nurses in the home that the physician orders and manufacturer's label on the medication bottle or prescription need to be an exact match. The DON/ADON will do informal and periodic random chart/medication audits to ensure compliance.	4/19/16
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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 action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #2 – Progress notes did not include observations of the resident's response [redacted].	This citation occurred during inspection at MSC's [redacted] inspection [redacted]. At that time, all MSC nurses were informed of the new policy that: Observations of the resident's response to [redacted] modified diets will be documented in the "notes" section of the MSC monthly summary form. When DON reviewed Resident #2's chart, the resident's response [redacted] was charted from the [redacted] monthly summary and going forward to present. The DON/ADON will do periodic random chart audits to ensure compliance.	4/15/16
☒	§11-100.1-54 General operational policies. (1) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics: Nursing services, delegation and staffing pattern/ratio; **FINDINGS** Resident #1 – Corrections made in the progress notes [redacted] were not consistent with the facility "Charting Guidelines."	Both Nurses in the home were reminded on the procedure to make corrections in the progress notes. Specifically, the word or words charted should be lined out with one line and the word "error" and nurse initials should be noted above or next to the deletion. The DON/ADON will do periodic and random chart audits to ensure compliance.	4/15/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (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. **FINDINGS** Bedroom #4 – One (1) window crank opening mechanism was stuck.	A replacement for the window crank opening mechanism has been ordered and will be delivered within 6-8 weeks. Once received, the current crank opening mechanism will be replaced. The Director of Facilities Management will do periodic checks in the home to Identify any maintenance issues that need to be fixed.	7/1/16
☒	§11-100.1-23 Physical environment. (h)(1)(A) 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. Housekeeping: A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises; **FINDINGS** Bedroom #2 & #7 – Bathroom window, outside part of the window sill had paint chip accumulation. Bedroom #3 – Bathroom wall next to the toilet had brown stains.	The windows located in rooms 2 and 7 have what appears to be flakes/chips of a brown material between the 2 glass panes. After talking to our Milgard Windows representative, [redacted] said this material does not create a health hazard. The flaking/chipping has not destroyed the integrity of the windows since none of the flakes/chips are found outside of the window, on the sill or on the floor. The window panes and seal around all edges are still intact and there are no signs of condensation or water seepage between the glass panes. The MSC Facilities Maintenance Director left a telephone message for Edwin Jatico [redacted]. [redacted] the room has since been thoroughly cleaned. DON spoke to the House Supervisor (primary day shift Nurse Aide) who is in charge of housekeeping in the home. Specifically, that during cleaning of a resident's room, which is scheduled to be cleaned once a week, an inspection should be done to check for thoroughness and any maintenance needs. The Director of Facilities Management will also do periodic checks in the home to identify any maintenance/cleaning issues that need to be fixed.	4/29/16 4/26/16
☒	§11-100.1-23 Physical environment. (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		

	Rules (Criteria)	Plan of Correction	Completion Date
	time of licensure. Windows shall have screens having no less than sixteen meshes per inch. **FINDINGS** Window screens in living area above the main entrance had gaps.	The gap in the screens will be fixed within 2 weeks [redacted]. 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.	5/16/12
☒	§11-100.1-23 Physical environment. (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. Lighting: Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers; **FINDINGS** Bedroom #5 & #6 – Shower ceiling light fixture not working.	The shower ceiling light fixtures will be fixed within 2 weeks [redacted]. The Director of Facilities Management reviewed with the 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 fix the repair. The Director of Facilities Management will do periodic checks in the home to ensure compliance.	5/16/12

[redacted]