

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Elder Care, L.L.C.	CHAPTER 100.1
Address: 2870 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: January 25-26, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Room #7, light fixture covering has paint peeling off.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>MSC = Manoa Senior Care</p> <p>The light fixture in Room #7 was replaced on February 6, 2017.</p>	<p>2/6/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23 (h)</p> <p><u>FINDINGS</u> Room #7, light fixture covering has paint peeling off.</p> <p>68 11</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Each resident room gets thoroughly cleaned once a week. The MSC Facility Maintenance Director reviewed with the House Supervisor (primary day shift nurse aide in the home) in the home that a full inspection of the resident's room should be done during the weekly cleaning. A process is in place where the house supervisor is able to report any identified maintenance needs to the main office as they come up. The MSC Facility Maintenance Director will do periodic visits to the home and will be able to identify maintenance needs at that time and schedule repairs.</p>	<p><i>ongoing</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Room #3, light fixture covering has paint peeling off.</p> <p style="text-align: right;">11-39</p>	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">The light fixture in Room #3 was replaced on February 6, 2017.</p>	2/6/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23 (h)</p> <p><u>FINDINGS</u> Room #3, light fixture covering has paint peeling off.</p> <p>6E:16</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Each resident room gets thoroughly cleaned once a week. The MSC Facility Maintenance Director reviewed with the House Supervisor (primary day shift nurse aide in the home) in the home that a full inspection of the resident's room should be done during the weekly cleaning. A process is in place where the house supervisor is able to report any identified maintenance needs to the main office as they come up. The MSC Facility Maintenance Director will do periodic visits to the home and will be able to identify maintenance needs at that time and schedule repairs.</p>	<p>Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS Room #3, wall paint near bed headboard is peeling off.</p> <p style="text-align: right;">68 W</p>	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">The headboard in room #3 was repainted on February 6, 2017.</p>	<p style="text-align: center;">2/6/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23 (h)</p> <p><u>FINDINGS</u> Room #3, wall paint near bed headboard is peeling off.</p> <p>68 W</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Each resident room gets thoroughly cleaned once a week. The MSC Facility Maintenance Director reviewed with the House Supervisor (primary day shift nurse aide in the home) in the home that a full inspection of the resident's room should be done during the weekly cleaning. A process is in place where the house supervisor is able to report any identified maintenance needs to the main office as they come up. The MSC Facility Maintenance Director will do periodic visits to the home and will be able to identify maintenance needs at that time and schedule repairs.</p>	<p align="center"><i>Ongoing</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Room #5, signaling device pull card not reachable from bed.</p> <p style="text-align: right; margin-right: 50px;">6E 110</p>	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The signaling cord is long enough to reach the resident's bed. However, upon speaking to the nurses in the home, the resident is cognitively unable to understand the use of it and does not use it. She also will consistently remove the cord from her bed and coil it up on the pull station. DON reviewed with staff in the home that the signaling cord needs to be in reach at all times and the resident can choose to use it or not.</p>	<p>1/30/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23 (p)(5)</p> <p><u>FINDINGS</u> Room #5, signaling device pull card not reachable from bed.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The DON/ADONs will do periodic checks of the resident's room when they visit the home to obtain report.</p> <p style="text-align: right; margin-top: 200px;">68 lw</p>	<p><i>Ongoing</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (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><u>FINDINGS</u> Resident #1 "Nutritional needs" care plan was not updated to include current diet order regular soft texture chopped diet (ordered 11/11/17) and nutrition supplement order Boost or equivalent 1 carton PO once daily (ordered 12/19/16.)</p>	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Upon reviewing the care plan, the regular soft textured chopped diet and Boost supplement were listed. However, it was written by the Nurse in the home under the "special instructions" section, located on page 8 of the resident's care plan, rather than the "nutritional needs" care plan. Those 2 interventions were transferred to the "nutritional needs" care plan on January 27, 2017. The DON reviewed with the Case Manager and Nurses in the home that specific interventions should be noted under the appropriate care plan topic.</p> <p style="text-align: center;">6E 11</p>	<p>11/30/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-88 (c)(4)</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The case manager and both nurses in the home were reminded that:</p> <ol style="list-style-type: none"> 1) Both the nurse and Case manager need to collaborate together to develop the initial care plan to ensure all physician orders, medications, and current care being provided and resident needs are listed under the appropriate care plan topic. 2) All care plans needs to be reviewed/updated during every monthly visit. The Case Manager should sit down with the Manoa Senior Care Nurse during her visit and review the care plan together and go over any resident changes and new orders since the last visit. Revisions to the care plan should be made as needed. 3) The Manoa Senior Care Nurses should call the Case Manager whenever there is a resident status change, new need, or change in physician order for medications and treatments. The Case Manager should then instruct the Nurse to make any necessary care plan changes and fax the corrected plan to her/him. The Case Manager would then bring the revised typed care plan on the next monthly visit. <p>The DON/ADONs will do periodic audit of the care plans to ensure compliance.</p>	<p style="text-align: center;"><i>Ongoing</i></p>

Licensee's/Administrator's Signature: RA Ny -

Print Name: Robert Nyami

Date: 3/15/17

Vertical stamp or text, partially illegible.

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