

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care, LLC	CHAPTER 100.1
Address: 2872 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: January 26-27, 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.**

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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> <p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><b><u>FINDINGS</u></b>  Room #5, One (1) lightbulb missing from ceiling light fixture.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">MSC = Manoa Senior Care</p> <hr/> <p>The missing light bulb in Room #5 was replaced on the same day it was identified.</p>	<p style="text-align: center;">1/26/17</p> <p style="text-align: center; vertical-align: bottom;">M137</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (i)(4)(A)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p>           The Director of Facilities Management reviewed with the House Supervisor (primary day shift Nurse Aide) in the home that she is responsible for changing all light bulbs in the home. If she is 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.         </p> <hr/> <p>           The Director of Facilities Management will do periodic random checks in the home to ensure compliance.         </p>	<p style="text-align: center; font-size: 1.2em;"> <i>ongoing</i> </p> <p style="text-align: right; font-size: 0.8em;">           11/37         </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(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>Lighting:</p> <p>Residents' rooms shall have artificial light adequate for reading at bedside. This lighting shall be at least thirty foot candles at normal reading height;</p> <p><b><u>FINDINGS</u></b>  Room #7, Bathroom ceiling fixture light cover has black particulate accumulation.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The bathroom ceiling light fixture cover was cleaned on January 27, 2017.</p>	<p style="text-align: center;">1/27/17</p> <p style="text-align: center;">49138</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (i)(4)(B)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></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.</p> <p>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 style="text-align: center;"><i>Ongoing</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u></b> Resident #2, Nutrition care plan was not updated to include current diet order, NCS (ordered 12/20/16.)</p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center; margin-top: 100px;">The "No concentrated sweets" diet order was added to the nutritional care plan on January 27, 2017 during the home visit by the case manager.</p>	<p>1/27/17</p> <p style="text-align: right; margin-top: 100px;">M138</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;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager and both nurses in the home were reminded that:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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 should be made to the care plan as needed.</li> <li>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.</li> </ol> <p>The DON/ADONs will do periodic audit of the care plans to ensure compliance.</p>	<p>1/30/17</p>

Licensee's/Administrator's Signature: RAH -

Print Name: Robert Neyami

Date: 3/15/17

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