

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care A, LLC	CHAPTER 100.1
Address: 2649 A Huapala Street, Honolulu, Hawaii 96822	Inspection Date: December 15 & 16, 2016 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>§11-100.1-15 <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.</p> <p><u>FINDINGS</u> Resident #2 - "Timolol maleate 0.5% 1 drop in each eye BID" ordered 10/19/16; the medication label reflected "every morning."</p>	<p style="text-align: center;">PART 1</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>DON reviewed with the nurses in the home the following medication administration guideline:</p> <ul style="list-style-type: none"> When a new medication order is received from the MD/Nurse Practitioner, and requires the instructions on the original medication to be changed, a green "Directions changed" sticker should be placed over the instructions on the original label. <p>A green label was placed on 12/15/16.</p>	<p style="text-align: center;">12/19/16</p> <p style="text-align: right;">RECEIVED 17 JAN 11 08:02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(e)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>To prevent reoccurrence, the DON/ADON make regular rounds in the home and receives updates on the residents.</p> <p>During report, when the Nurse informs the DON/ADONs 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>The DON/ADON will do periodic informal random audits to ensure compliance.</p>	<p style="text-align: center;"><i>ongoing</i></p> <p style="text-align: right; vertical-align: bottom;"><i>Donna A. Liberman</i></p> <p style="text-align: right; vertical-align: bottom;"><i>19:29</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)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - Care plan did not include the following physician orders:</p> <ol style="list-style-type: none"> 1. Assist with brushing (teeth) twice a day 2. Listerine Freshburst mouthwash BID 3. Moisture barrier cream during each incontinence change 	<p style="text-align: center;">PART 1</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>On 12/19/16, while the Case Manager was at one of the homes at Manoa Senior care, the DON reviewed the missing physician orders, and She added it to the resident's care plan.</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. 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. 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 style="text-align: center;">12/19/16</p> <p style="text-align: right;">17 JAN 11 18:02</p> <p style="text-align: right;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(2)</p> <p><u>FINDINGS</u> Resident #1 - Care plan did not include the following physician orders:</p> <ol style="list-style-type: none"> 1. Assist with brushing (teeth) twice a day 2. Listerine Freshburst mouthwash BID 3. Moisture barrier cream during each incontinence change 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;">The DON/ADONs will do periodic audit of the care plans to ensure compliance.</p>	<p style="text-align: center;"><i>ongoing</i></p> <p style="text-align: right;">17 JAN 11 08:02 RECEIVED</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)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - The "Alteration in Nutrition" care plan did not include measurable goals and outcomes for weight change parameters and weight goal.</p>	<p style="text-align: center;">PART 1</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> <hr/> <p>The Case manager was notified on 12/19/16 regarding the missing weight goal/weight change parameter. The weight change parameter was obtained from the resident's physician on 12/22/16 and reads, "Notify MD/NP/Case Manager +/- 5% weight change from must current weight". The parameter was also noted on the resident's care plan the same day.</p> <p style="text-align: right; margin-right: 50px;">DORIS A. LITTON</p>	<p style="text-align: center;">12/24/16</p> <p style="text-align: right; margin-right: 50px;">12/29/16 19:29</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(2)</p> <p><u>FINDINGS</u> Resident #1 - The "Alteration in Nutrition" care plan did not include measureable goals and outcomes for weight change parameters and weight goal.</p>	<p>PART 2</p> <p><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>The DON/ADONs will ensure that an order for a weight goal is obtained when the resident initially transitions to expanded care. The DON/ADON will also do periodic audits of the expanded resident's initial and monthly care plan to ensure compliance.</p>	<p><i>ongoing</i></p> <p>RECEIVED 17 JAN 11 08:03</p>

Licensee's/Administrator's Signature: RM

Print Name: Robert Najami

Date: 11/5/17

Licensee's/Administrator's Signature: RM

Print Name: Robert Najami

Date: 2/2/17

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