

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care B, LLC	CHAPTER 100.1
Address: 2649 B 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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STATE LICENSING SECTION

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 - "B6/folic acid/B12 1 tab SL daily" ordered 10/4/16; the October 2016 medication record reflected that the medication was not initialed as taken on 10/31/16.</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 all staff in the home the following established Manoa Senior Care Medication Guidelines:</p> <ul style="list-style-type: none"> -All medication should be signed off right after a medication is given under the correct date/time box. -At the end of the shift, all medications administration records should be checked to ensure all medications are appropriately signed off. 	<p style="text-align: center;">12/19/16</p> <p style="text-align: right; font-size: small;"> RECEIVED JAN 11 08:03 HAWAIIAN LICENSING </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(m)	<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, it has been reinforced will all current staff that during shift reports the medication records should be checked to ensure all boxes are signed off appropriately. The DON/ADON will do periodic random audits to ensure compliance.</p>	<p style="text-align: center;"><i>ongoing</i></p> <p style="text-align: right;">RECEIVED 17 JAN 11 08:03 OFFICIAL DUNBAR CLERKSHIP</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 - No current tuberculosis clearance.</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>Manoa Senior Care utilizes two sheets. 1) A tracking flowsheet that contains renewal information dates. TB renewal dates are listed on this sheet. 2) The Manoa Senior Care monthly summary contains a check off section that serves as a reminder to review all renewal dates on the tracking flowsheet including TB renewal dates. DON reinforced with the Nurses in the home that placing a check mark in the TB renewal section on the monthly summary means that the tracking flowsheet was accurately checked and the renewal was scheduled to be completed. Once the renewal is completed, the date on the tracking form is updated.</p> <p>A TB skin test was placed on Saturday, December 31, 2016 and read on January 3, 2017.</p>	<p style="text-align: center;">1/3/17</p> <p style="text-align: right; font-size: small;">RECEIVED 17 JAN 11 08:03 MANOA SENIOR CARE</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(1)	<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/ADONs make regular rounds in the homes at MSC, and will do random checks to ensure compliance. The Nurses were also encouraged to write renewal dates on the house calendar which is checked daily.</p>	<p style="text-align: center;"><i>ongoing</i></p> <div style="text-align: right; font-size: small; margin-top: 100px;"> RECEIVED 17 JAN 11 08:03 STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES LICENSING DIVISION </div>

	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> At the time of the Sanitarian's annual inspection the medicine closet was unlocked.</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>Upon talking to the Nurse on duty, the door was locked with the key, however on one of the cabinet doors, a latch has to be pushed up in addition to locking the door with a key. The lever was not in the up position and thus the door could be opened. DON reviewed with the staff in the home the importance of ensuring the medication cabinet doors are securely locked at all times for resident safety and the proper procedure to lock the door (latch and key).</p>	<p style="text-align: center;">12/19/16</p> <p style="text-align: right;">RECEIVED JAN 11 08:03 DANIELA LUCASINI</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(h)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> 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;"> <small>To prevent reoccurrence: The DON/ADONs make regular rounds in the homes at MSC and will do random checks to ensure compliance with the medication cabinet being locked.</small> </p>	<p style="text-align: center;"><i>ongoing</i></p>

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Licensee's/Administrator's Signature: Robt Nj -

Print Name: Robert Najum

Date: 1/6/17

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