

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care B	CHAPTER 100.1
Address: 2240 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: March 10, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g)                      All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b>FINDINGS</b>                      Resident #1 – Weight record and ADL record contained information that was written over and was illegible.</p>	<p>MSC = Manoa Senior Care</p> <p>DON reviewed with the Nurses in the home the following MSC charting policy:                      "If you make an error charting, draw one line through the word or sentence and write the word "error" above and your initials". DON reinforced that this applies to all chart forms.                      The DON/ADON will do informal and periodic random chart audits to ensure compliance.</p>	<p>3/14/16                      mj</p>
<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</p>		

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	<p>hazards to residents and care givers.</p> <p><b>FINDINGS</b>            Bedroom #4 – Signaling device cord was running behind a portable wicker shelf stand which could fall when the cord was pulled; a safety issue.</p>	<p>The wicker shelf stand was moved.            DON reinforced that the cord must be able to be pulled freely without obstruction.            The Director of Facilities Management will do periodic checks in the home to ensure compliance and safety.</p>	<p>3/21/16  <small>rs</small></p>
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS</b>            Bedrooms #1 &amp; #3 – Ceiling light fixtures had missing light bulbs.</p>	<p>The light bulbs have been replaced.            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.            The Director of Facilities Management will do periodic checks in the home to ensure compliance.</p>	<p>3/21/16  <small>rs</small></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (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 time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><b>FINDINGS</b></p>	<p>The screens have been replaced for the two windows above the main French doors.            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.</p>	<p>3/21/16  <small>rs</small></p>

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	Two (2) windows above the main French doors did not have screens.		
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> Bedroom #3 – One (1) pillow had no plastic cover.</p>	<p>MSC's Director of Facilities Management spoke via phone to Edwin Jatiko on 3/28/16. She informed Edwin that the MSC practice was to write the initials on the resident pillow. Initials were on the pillows for the resident in room 3. When a resident is no longer with us, the pillow is thrown out and therefore plastic pillow covers are not used. New residents get new pillows, Edwin instructed our Director to note this conversation on the POC.</p>	3/28/16
☒	<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><b><u>FINDINGS</u></b> Bedroom #8 – Signaling device was not reachable from bed.</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 does not use it and prefers to use a cow bell to ring. 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. The Director of Facilities Management will do periodic checks in the home to ensure compliance.</p>	3/21/16

