

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Huapala Senior Care D, LLC | CHAPTER 100.1 |
| Address: 2649D Huapala Street, Honolulu, Hawaii 96822 | Inspection Date: April 6 and 7, 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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UNREVIEWED

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1: Milk Of Magnesia oral liquid medication stored with resident medications. Discontinued by Physician on 7/1/16.</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 style="text-align: center;">MSC = Manoa Senior Care</p> <p>The discontinued medication was removed from the medication cabinet on April 7, 2017 and discarded appropriately. DON reminded the Nurse in the home that all discontinued or expired medications need to be removed from the medication cabinet and disposed of in accordance with the MSC medication administration policy.</p> | <p style="text-align: center;">4/7/17 2</p> <p style="text-align: right;">APR 19 10:51 AM MANOA SENIOR CARE</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1: Milk Of Magnesia oral liquid medication stored with resident medications. Discontinued by Physician on 7/1/16.</p> | <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 audits in the home, and will include checking the home's medication cabinet as part of the audit.</p> | <p style="text-align: right;">17 JUN 19 10:51</p> |
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§11-100.1-23 Physical environment. (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.

FINDINGS

Bedroom #1: Call bell cord tied in knot, inaccessible from bed.

PART 1

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

The signaling cord is long enough to reach the resident's bed. Upon speaking to the nurses in the home, the resident is cognitively unable to understand the use of it and does not use it. Therefore, staff did not have it placed where it would be reachable from the bed.
 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.

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§11-100.1-23 Physical environment. (h)
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FINDINGS

Bedroom #1: Call bell cord tied in knot, inaccessible from bed.

PART 2

FUTURE PLAN

**USE THIS SPACE TO EXPLAIN YOUR
FUTURE PLAN: WHAT WILL YOU DO TO
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

The DON/ADONs will do periodic checks of the resident's room when they visit the home to obtain report.

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| <input checked="" type="checkbox"/> | <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><u>FINDINGS</u> Bedroom #7: No pliable plastic pillow protector.</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>Initials were placed on the resident's pillow in bedroom #7 on April 7, 2017. This has been an approved use in place of pillow covers since pillows are replaced when a resident is no longer residing at MSC.</p> <p>DON reminded the Nurse and the House Supervisor (primary day shift nurse aide in the home) that initials should be placed on all resident pillow on admission or whenever new pillows are brought in. The MSC admission checklist also lists the initialing of resident pillows as an action item.</p> | <p style="text-align: center;">4/7/17 ~</p> <p style="text-align: right; vertical-align: bottom;">19 17 11 19 09:51</p> |
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Licensee's/Administrator's Signature: M 14-

Print Name: Robert Mogyani

Date: 7/11/17

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