

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Caring Manoa	CHAPTER 100.1
Address: 2383 Beckwith Street, Honolulu, Hawaii 96822	Inspection Date: April 21 & 22, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b>FINDINGS</b> Resident #2 – Admitted on 11/25/15, from Maunalani Nursing and Rehabilitation Center, discharge summary noted the resident requires “extensive” assistance for ambulation, transfers, toileting, dressing, bathing, grooming. The Level of Care Evaluation (ARCH N2), dated 11/20/15, reflected the need for external/total assistance with bathing, dressing/grooming, mobility, transfers, toileting, incontinence; however, did not indicate the level of care. The progress notes reflected telephone discussion with Dr. Yazawa on 4/19/16: “Resident is at ARCH level per PCP.”</p>	<p>Residents' ARCH N2 form updated to reflect Physician's level of care assessment for Resident #2. The PCG is responsible (and has been counseled on the responsibility) to ensure compliance that all residents have a completed level of care assessment prior to admission. To prevent a similar deficiency from recurring, prior to admission, the PCG shall 1) use the home's admission/readmission checklist to verify completed level of care assessment, 2) review the resident's admission documents, and 3) strictly prohibit admission to the facility for residents with any incomplete admission documents until such missing items have been added to the admission documents.</p>	November 2, 2016
		<p>Residents #2 ARCH N2 form updated to reflect Physician's level of care reassessment. The PCG is responsible (and has been counseled on her responsibility) to ensure compliance that all residents have a fully completed level of care assessment prior to admission. To prevent a similar deficiency from recurring, prior to admission the PCG shall 1) verify that all parts of the ARCH N2 form and other admission documents are completed, and 2) strictly prohibit admission for residents with any incomplete admission documents until such missing items have been added. If a new resident's ARCH N2 form does not accurately reflect his/her abilities and care needs, then the PCG shall discuss the resident's abilities and care needs with the physician, and obtain a level of care reassessment.</p>	March 6, 2017

☒	<p>§11-100.1-15 <u>Medications. (b)</u>          Drugs shall be stored under proper conditions of sanitation,</p>		
	<p>temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>          Key was in the lock for the medication cabinet on 4/22/16.</p>	<p>To prevent a similar deficiency from recurring, the Home has coached all staff members that the medication cabinet must be locked and secured without the key in it. To prevent a similar deficiency from recurring, the Home has updated its medication care protocol to require that the staff member responsible for passing medications during the shift must obtain visual confirmation from the other staff member on shift that the key has been removed from the lock after med pass.</p>	<p>November 2, 2016</p>
		<p>The Home has coached all staff members that even though the medication cabinet may be locked, it is not considered secured if the key is left in it. To prevent a similar deficiency from recurring, the PCG will monitor the medication cabinet and ensure that the cabinet is locked without the key present.</p>	<p>March 6, 2017</p>
☒	<p>§11-100.1-15 <u>Medications. (e)</u>          All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>          Resident #2 – “Metoprolol 25 mg oral tablet 0.5 tablet by mouth two times a day Hold SBP below 100 or HR below 55” ordered 2/4/16; no HR recorded on 4/21/16 for 8 a.m.</p> <p>Resident #1 – “Latanoprost ophthalmic drops, carboxymethylcellulose ophthalmic drops and pilocarpine HCl ophthalmic drops ordered 3/30/16, 1/20/16 and 12/30/15; however, medication not available and not recorded in the medication record.</p> <p>Resident #2 – “Nitroglycerin 2% transdermal ointment Apply 2 inches every 8 hours as needed for HTN, Apply if SBP above 180 and remove if SBP below 130” ordered 4/4/16, 3/14/16, 3/21/16. No documentation that the BP was monitored every 8 hours and the medication applied or withheld.</p>	<p>Resident #2 - The Home has an end-of-shift staff process to check the MAR and resident documentation for any errors. The MAR entry blank was observed by the office prior to end of shift. The Home has reminded staff caregivers of its policies on documenting medication administration.</p> <p>Resident #1 discharged from facility on 5/13/16. Resident #1 requested to continue with PCP throughout the duration of Hospice program. The Home had not previously encountered a resident who chooses to maintain the PCP during the hospice program. Resident #1's PCP discontinued Latanoprost ophthalmic drops, carboxymethylcellulose ophthalmic drops and pilocarpine HCl ophthalmic drops on 1/20/16, 1/11/16, and 1/11/16 respectively, but Hospice physician not notified of discontinued orders and medications remained on Resident #1's Hospice medication profile. Upon notification on 4/22/16 that PCP discontinued Latanoprost ophthalmic drops, carboxymethylcellulose ophthalmic drops and pilocarpine HCl ophthalmic drops, Hospice immediately removed medications from the resident's medication profile. If a resident chooses to maintain a PCP during enrollment in a Hospice program, the Home shall forward new or changed orders from one provider to the other provider, and will obtain written acknowledgement. If the other provider refuses to accept the new or changed order, the Home shall alert the resident's family and first provider for resolution to conflicting orders.</p>	<p>November 2, 2016</p>



§11-100.1-15 Medications. (e)

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

**FINDINGS**

Resident #2 – “Metoprolol 25 mg oral tablet 0.5 tablet by mouth two times a day Hold SBP below 100 or HR below 55” ordered 2/4/16; no HR recorded on 4/21/16 for 8 a.m.

Resident #1 – “Latanoprost ophthalmic drops, carboxymethylcellulose ophthalmic drops and pilocarpine HCl ophthalmic drops ordered 3/30/16, 1/20/16 and 12/30/15; however, medication not available and not recorded in the medication record.

Resident #2 – “Nitroglycerin 2% transdermal ointment Apply 2 inches every 8 hours as needed for HTN, Apply if SBP above 180 and remove if SBP below 130” ordered 4/4/16, 3/14/16, 3/21/16. No documentation that the BP was monitored every 8 hours and the medication applied or withheld.

March 6, 2017

Resident #2 - The Home has an end-of-shift staff process to check the MAR and resident documentation for any errors. The MAR entry blank was observed by the Office prior to end of shift. The Home has reminded staff caregivers of its policies on documenting records immediately upon giving medications. To prevent a similar deficiency from recurring, the PCG is responsible to monitor caregivers to ensure that they are following the physician order and the Home's Medication Administration protocols.

Resident #1 discharged from facility on 5/13/16. Resident #1 requested to continue with PCP throughout the duration of Hospice program. Resident #1's PCP discontinued Latanoprost ophthalmic drops, carboxymethylcellulose ophthalmic drops and pilocarpine HCl ophthalmic drops on 1/20/16, 1/11/16, and 1/11/16 respectively, but Hospice physician not notified of the discontinued orders and the above medications remained on Resident #1's Hospice medication profile. Upon the PCG's notification to Hospice on 4/22/16 that Resident #1's PCP discontinued Latanoprost ophthalmic drops, carboxymethylcellulose ophthalmic drops and pilocarpine HCl ophthalmic drops, Hospice immediately removed those medications from Hospice's medication profile. The PCG is responsible to ensure that the physician's orders are followed. To prevent a similar deficiency from recurring, when a resident enrolls in a hospice program, the PCG shall suggest to the resident that the hospice physician order medications in lieu of the PCP. If the resident still chooses to maintain a PCP during enrollment in a Hospice program, the PCG shall forward new or changed orders from one provider to the other provider, and will obtain written acknowledgement. If the other provider refuses to accept the new or changed order, the PCG shall alert the resident's family and the first provider for resolution to conflicting orders.

The Home has updated Resident #2's MAR to include BP readings every 8 hours. To prevent a similar deficiency from recurring, the Home's RN has trained the PCG and staff caregivers to record routine BP monitoring results in the MAR even if a PRN medication with blood pressure/heart rate parameters is ultimately not administered. To prevent a similar deficiency from recurring, the PCG is responsible to ensure that the MAR contains a section for recorded BP and vital signs when a PRN medication contains BP and/or vital sign parameters, and the PCG is responsible to monitor staff to complete all required sections of the MAR.

☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:	<b>Plan of Correction</b>	<b>Completion Date</b>
	<p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No progress note for skin tear on 4/18/16. Verbal orders obtained for dressing change and treatment with triple antibiotic ointment.</p> <p>Resident #1 – Progress notes did not reflect resident's response to "clarithromycin 250 mg daily for 5 days" taken 1/15-19/16.</p> <p>Resident #1 – No progress notes for skin tear to right leg 3/31/16 for which there was an incident report.</p> <p>Resident #1 – No progress notes for skin tear near the right on 10/26/15 for which there was an incident report.</p>	<p>Resident #1 - The Home has counseled the PCG on department requirements for monitoring and recording skin condition changes in the progress notes. The PCG is responsible to write complete progress notes. To prevent a similar deficiency from recurring, the Home has created a checklist of observations, including resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, and behavior patterns that the PCG must include in all monthly progress notes, and in Monthly Progress Summaries. At the end of each month, the Home's RN is responsible to review the PCG's progress notes.</p> <p>The PCG completed Resident #1's Monthly Progress Summary form on 1/31/16 indicating new medication order and positive response to medications, but did not include in the Progress Notes. The Home has coached the PCG that Progress Notes and the Monthly Progress Summary are not the same, and that per Chapter requirements the PCG shall report response to medications in the Progress Notes in addition to the Monthly Progress Summary.</p>	<p>November 2, 2016</p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1)          Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b>          Resident register was not maintained. The register reflected one (1) resident was admitted on 8/31/15, 11/25/15 and 1/11/16; however, there were no discharge dates. Most recent admission was 1/14/16.</p>	<p>The PCG has been counseled on Chapter requirements to record all resident admissions and discharges in the General Register. The PCG is responsible to maintain the General Register. To prevent a similar deficiency from recurring, the Home's RN shall review the General Register monthly for accuracy.</p>	<p>November 2, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards</u>. (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation that a report was made to the physician regarding the significant change in physical well-being as evidenced by resident need for total assistance with eating/feeding, bathing, dressing/grooming, mobility (wheelchair dependent), transfers, toileting, incontinence.</p>	<p>Unlike significant status changes outlined in 11-100.1-20(c) such as convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding or persistent or recurring pain that occur suddenly, Resident #1's physical well-being gradually declined during residency over a period of four years, and Resident #1 was assessed by the Physician annually. In order to prevent a resident's gradual status change leading to a recurring deficiency, the Home has developed a new policy that for any resident who does not see a physician quarterly, the PCG shall report the resident's status to the physician by forwarding the resident's Monthly Progress Summaries for the quarter, coinciding with the Home's policy to send the resident's Physician's Medication List for review by the Physician not less than quarterly.</p>	<p>November 2, 2016</p>
		<p>Resident #1 - Unlike significant status changes outlined in 11-100.1-20(c) such as "convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding or persistent or recurring pain that occur suddenly", Resident #1's physical well-being gradually declined during residency over a period of four years, and Resident #1 was assessed by the Physician annually. In order to prevent a resident's gradual status change leading to a similar deficiency, the Home has developed a new policy that for any resident who does not see a physician quarterly, the PCG is responsible to communicate the resident's status to the physician not less than quarterly. For hospice residents who qualify for Expanded Care, the Administrator shall assist the resident's family to apply for a Case Management Services waiver from the Office.</p>	<p>March 6, 2017</p>



§11-100.1-53 Personnel and staffing requirements. (c)

All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met.

**FINDINGS**

Resident #1 and Resident #2 – No documentation to indicate if the registered nurse provided assessments of the residents regarding the level of care.

To prevent a similar deficiency from recurring, the Home has modified its Monthly Progress Summary protocol. The PCG is no longer responsible to complete residents' Monthly Progress Summaries, and the Home's RN is now responsible to complete residents' Monthly Progress Summaries in conjunction with the PCG. The Monthly Progress Summaries shall document the RN's assessment of residents' care needs for activities of daily living, and the RN shall rely on the physician's medication orders and documentation to ensure appropriate caregiver training and oversight to meet resident's needs per the 7 Steps of Nurse Delegation.

November 2, 2016

Resident #1 discharged on 5/13/16 and Resident #2's Physician reassessed residents' level of care as Expanded ARCH. To prevent a similar deficiency from recurring, during the RN's completion of the Monthly Progress Summaries, if the RN observes that a resident's status has changed, then the RN shall complete an assessment of the resident's abilities and care needs, and discuss them with the physician to obtain a level of care reassessment.

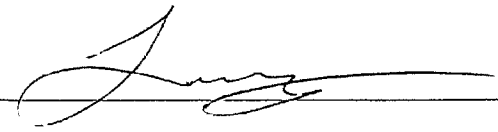
March 6, 2017

<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a)(1) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p>	<p>Resident #1 and Resident #2's respective Physicians assessed residents' level of care as ARCH. The Home is not qualified to direct the PCP on assessing a resident's level of care. The Home provides the Department's form ARCHN2A "Instructions for Form OHCA ARCH N 2" along with the ARCH N2 Level of Care Assessment form for the PCP to complete. The Home shall forward the Department's findings to the Physicians.</p>	<p>November 2, 2016</p>	
	<p>Possesses a bachelor's degree in nursing and current license to practice in the State of Hawaii;</p> <p><b><u>FINDINGS</u></b> Resident #1 and Resident #2 – No case management services for residents with extensive physical needs. The residents' needs qualified for nursing home level of care.</p>	<p>Resident #1 and Resident #2 both enrolled in hospice at the time of the Office's visit. Resident #1 discharged on 5/13/16 and Resident #2's Physician reassessed residents' level of care as Expanded ARCH. To prevent a similar deficiency from recurring, if a resident's ARCH N2 form does not accurately reflect his/her abilities and care needs, then the PCG shall discuss the resident's abilities and care needs with the physician, and obtain a level of care reassessment. For hospice residents who qualify for Expanded Care, the Administrator shall assist the resident's family to apply for a Case Management Services waiver from the Office.</p>	<p>November 2, 2016</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition. (l)</u> Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Resident served pureed solids and honey thick liquids; however, there was no order for pureed solids and honey thickened liquids.</p>	<p>The Home obtained verbal orders to provide pureed solids and honey thick liquids to Resident #1 on 3/18/16, but was awaiting physician's order confirmation for the diet order change at the time of the Office's survey. Diet order for pureed solids and honey thick liquids received on 4/25/16. The Home has counseled the PCG to inform the Office of pending order confirmations, and to obtain new or updated orders quarterly to conform to Chapter requirements.</p>	<p>November 2, 2016</p>	
		<p>The Home obtained verbal orders to provide pureed solids and honey thick liquids to Resident #1 on 3/18/16, but was awaiting physician's order confirmation for the diet order change at the time of the Office's survey. Diet order for pureed solids and honey thick liquids received on 4/25/16. The Home has counseled the PCG to inform the Office of pending order confirmations, and to obtain new or updated orders quarterly to conform to Chapter requirements.</p>	<p>November 2, 2016</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not include observations on the resident's need for feeding assistance.</p>	<p>The Home has counseled the PCG on department requirements for monitoring and recording residents' feeding ability, and response to medications and supplements in the progress notes. The PCG is responsible to write complete progress notes. To prevent a similar deficiency from recurring, the Home has created a checklist of observations, including resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, and behavior patterns that the PCG must include in all monthly progress notes, and in Monthly Progress Summaries. At the end of each month, the Home's RN is responsible to review the PCG's progress notes.</p>	<p>November 2, 2016</p>	
	<p>Resident #2 – Progress notes did not include observations on the resident's response to Boost supplement.</p>	<p>The Home has counseled the PCG on department requirements for monitoring and recording residents' feeding ability, and response to medications and supplements in the progress notes. The PCG is responsible to write complete progress notes. To prevent a similar deficiency from recurring, the Home has created a checklist of observations, including resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, and behavior patterns that the PCG must include in all monthly progress notes, and in Monthly Progress Summaries. At the end of each month, the Home's RN is responsible to review the PCG's progress notes.</p>	<p>November 2, 2016</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation that "weight gain program" was implemented by the facility as recommended by the Consultant Registered Dietitian.  Resident #2 – No documentation that nectar thickened liquids was provided as ordered (4/4/16).</p>	<p>Resident #1 - The Registered Dietitian has been coached to carefully choose the terms used, and any "program" indicates a formal action plan that requires training and oversight. The Registered Dietitian has created a weight gain "program" for Resident #1.</p> <p>Resident #2 - The Home has modified the MAR to document special diets in the MAR. To prevent a similar deficiency from recurring, the Home has modified its MAR to include diet type on its daily record. The Home's Registered Dietitian has updated the menu descriptions to exhibit documentation of special diet modifications and compliance with the physician's diet order. To ensure that the registered dietitian is informed of residents dietary changes and that special diets changes are timely implemented, when a resident's diet order changes the Home shall forward those changes to the Registered Dietitian for review and any required amendments to the special diet menu that will satisfy the physician's order, prior to the Registered Dietitian's quarterly review.</p>	<p>November 2, 2016</p>	



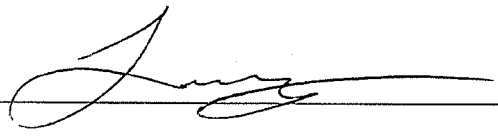
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation that “weight gain program” was implemented by the facility as recommended by the Consultant Registered Dietitian.</p> <p>Resident #2 – No documentation that nectar thickened liquids was provided as ordered (4/4/16).</p>	<p>Resident #1 - The Registered Dietitian has been coached to carefully choose the terms used, and any "program" indicates a formal action plan that requires training and oversight. The Registered Dietitian has created a weight gain "program" for Resident #1.</p> <p>Resident #2 - The Home has modified the MAR to document special diets in the MAR. To prevent a similar deficiency from recurring, the Home has modified its MAR to include diet type on its daily record. The Home's Registered Dietitian has updated the menu descriptions to exhibit documentation of special diet modifications and compliance with the physician's diet order. To ensure that the registered dietitian is informed of residents dietary changes and that special diets changes are timely implemented, when a resident's diet order changes the Home shall forward those changes to the Registered Dietitian for review and any required amendments to the special diet menu that will satisfy the physician's order, prior to the Registered Dietitian's quarterly review.</p>	<p>November 2, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Observed one (1) staff eating in the kitchen area, on the food prep table.</p>	<p>The Home has coached all staff members on sanitation regulations as it relates to eating in the kitchen area. The Home has created a policy that prohibits staff members from eating in the kitchen area.</p> <p>The Home has coached all staff members on sanitation regulations as it relates to eating in the kitchen area. The Home has created a policy that staff members shall not eat in the kitchen area. The PCG is responsible for monitoring and enforcing the 'no-eating in the kitchen' policy.</p>	<p>November 2, 2016</p> <p>March 6, 2017</p>

Licensee's/Administrator's Signature: 

Print Name: Todd Pang

Date: November 2, 2016

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Licensee's/Administrator's Signature: 

Print Name: Todd Pang

Date: March 6, 2017