

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Living Manoa Gardens	CHAPTER 100.1
Address: 2385 Beckwith Street, Honolulu, Hawaii 96822	Inspection Date: March 8 & 9, 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.

17 JUN 19 4 33 PM '17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) 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><u>FINDINGS</u> Resident #2 Pureed solid and regular liquid diet (ordered on 12/21/16) was not provided as ordered by the physician.</p>	<p style="text-align: center;">PART 1 <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>The Home has obtained physician's diet order clarification for Resident #2 to match the physician's previous order for regular solid and regular liquid diet.</p>	<p>June 16, 2017</p> <p style="text-align: right;">185617 JUN 22 10 41</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (l)	<p style="text-align: center;">PART 2 <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>The Home has designated a staff member as Clinical Auditor, who meets the qualifications for Primary Care Giver set forth by §11-100.1-8, §11-100.1-52, and §11-100.1-82, but is designated as a Substitute Care Giver. The Clinical Auditor is responsible to assist the Primary Care Giver to oversee all resident files and ensure that the resident diet orders are properly carried out. The Clinical Auditor shall assist the Primary Care Giver to promptly clarify any new physician orders that are inconsistent with verbal orders and previously stated desired outcomes.</p>	<p>June 16, 2017</p> <p style="text-align: right;">42567 JUN 22 10:41</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 and #2 no schedule of activity for either resident in their charts or posted within the facility.</p>	<p style="text-align: center;">PART 1 <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>The Primary Care Giver has written and included a weekly plan of care in the charts for Resident #1 and #2.</p>	<p>June 16, 2017</p> <p style="text-align: right; font-size: small;">8 567 JUN 22 10:41</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #2 inventory of possessions not current, last update was during the admission in 2014.</p>	<p style="text-align: center;">PART 1 <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>The PCG has updated Resident #2 inventory of possessions.</p>	<p>June, 16, 2017</p> <p style="text-align: right; font-size: small;">15817 JUN 22 AM 21</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documentation that the consultant dietitian provided special diet training for food preparation staff.</p>	<p style="text-align: center;">PART 1 <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>The Home's consultant dietitian has conducted special diet training on March 24, 2017.</p>	<p>June 16, 2017</p> <p style="text-align: right;">17 JUN 16 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-55 (2)	<p style="text-align: center;"> PART 2 <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> The Home has counseled the consultant dietitian that special diet training must be conducted on an annual basis. The home has designated a staff member as Staffing Manager, who is responsible to assist the Primary Care Giver to oversee all personnel files and to schedule staff training to ensure that it is conducted on time. </p>	<p>June 16, 2017</p> <p style="text-align: right; font-size: small;"> 4756100-10-172 2/16/17 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Employee #1 worked multiple months during 2016 and 2017. Only one (1) hour of continuing education completed 4/8/16 for the inspection year. Twelve (12) hours are required for the year an average of one (1) hour per month worked. Employee #1 is 3 hours short of the required CEU hours needed.</p>	<p style="text-align: center;">PART 1 <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>Employee #1 resigned in February 2017 and is not longer employed at the Home, but remained on the employee register at the time of survey. Employee #1 removed from employee register.</p>	<p>June 16, 2017</p> <p style="text-align: right; vertical-align: bottom;">97 080950042</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (5)	<p style="text-align: center;">PART 2 <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>The Home has developed a policy that all staff members who take extended leave, or resign and then are re-hired by the Home after a period of months, shall obtain missing CEU hours for the duration that they were not employed by the Home. The home has designated a staff member as Staffing Manager, who is responsible to assist the Primary Care Giver to oversee all personnel files and ensure that the employee register is up to date. The Staffing Manager shall assist the Primary Care Giver to monitor all staff members' CEU hours to ensure that all staff members attain adequate CEU hours for the year, and ensure that staff members who take extended leave or who are re-hired obtain missing CEU hours for the duration that they were away from the Home.</p>	<p>June 16, 2017</p> <p style="text-align: right; font-size: small;">126 APR 11 2017</p>

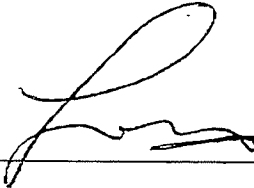
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 last influenza immunization completed on 10/9/15, and resident #2 has no record of any influenza immunization. Neither resident has any indication that the immunization for 2016 was offered, given or refused. Both residents' immunizations not current.</p>	<p style="text-align: center;">PART 1 <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>The Home forwarded the office's comments to Resident #1's and #2's families and offered to coordinate obtaining pneumococcal and influenza vaccinations. Resident #1's family declined immunization. Resident #2's family obtained influenza immunization for Resident.</p>	<p>August 4, 2017</p>

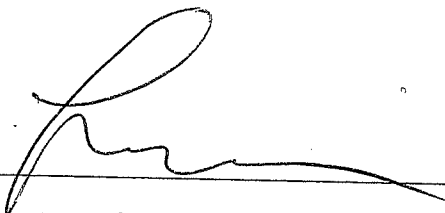
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-84 (b)(4)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Home has counseled the Primary Care Giver on chapter requirements that Expanded ARCH residents must receive annual immunizations. The Home has designated a staff member as Clinical Auditor, who meets the qualifications for Primary Care Giver set forth by §11-100.1-8, §11-100.1-52, and §11-100.1-82, but is designated as a Substitute Care Giver. The Clinical Auditor is responsible to assist the Primary Care Giver to oversee all resident files and to ensure that the Expanded ARCH residents are offered or given influenza and pneumococcal immunizations annually.</p>	<p>June 16, 2017</p> <p style="text-align: right; font-size: small;">056 17 JUN 21 09:42</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)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS</p> <p>1. Resident #2 Nutritional needs care plan was not updated to reflect the current diet order "pureed solids" ordered on 12/21/16.</p> <p>2. Resident #2 "Nutritional needs" care plan was not updated to reflect the resident's current need for feeding interventions.</p>	<p style="text-align: center;">PART 1 <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>The Home has forwarded the Office's comments to Resident #2's case manager. Resident #2's case manager has updated the care plan to reflect the pureed solid diet order.</p> <p>The Home has forwarded the Office's comments to Resident #2's case manager. Resident #2's case manager has updated the care plan to reflect the resident's need for feeding interventions.</p>	<p>June 16, 2017</p> <p style="text-align: right;">77 JUN 21 10:42 AM '17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(4)	<p style="text-align: center;">PART 2 <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>The Home has designated a staff member as Clinical Auditor, who meets the qualifications for Primary Care Giver set forth by §11-100.1-8, §11-100.1-52, and §11-100.1-82, but is designated as a Substitute Care Giver. The Clinical Auditor is responsible to assist the Primary Care Giver to notify all Expanded ARCH residents' case managers of new or changed physician orders; and new, modified, or discontinued care plan interventions. The Clinical Auditor will utilize the Home's new Interventions Notification form that identifies any new interventions being performed by the Home in addition to interventions already outlined in the care plan. The Clinical Auditor shall complete the form and provide it to the Case Manager to properly maintain an accurate care plan during the Case Manager's routine visits.</p>	<p>June 10, 2017</p> <p style="text-align: right; font-size: small;">56 '17 JUN 23 10:42</p>

Licensee's/Administrator's Signature: 
Print Name: TODD PANG
Date: JUNE 16, 2017

Licensee's/Administrator's Signature: 
Print Name: TODD PANG
Date: 8/11/2017