

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C. (930)	CHAPTER 100.1
Address: 930 12th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 27 and 28, 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.

	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 #1: Medication Administration Record (MAR) care giver initialed Travoprost 0.004% as being administered on September 5 and 6, 2017. Medication was not administered per incident report dated September 7, 2017.</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>DON reviewed with all staff in the home the following established Manoa Senior Care Medication Guidelines: -All medication should only be signed off right after administration of the medication and not before.</p>	<p style="text-align: center;">11/8/18 ~</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) 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>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u> Bedroom #2 both ceiling lights in bathroom have dead insect buildup.</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>The ceiling light in bedroom #2 was cleaned. Each resident room is scheduled for thorough cleaning once a week. The MSC Facility Maintenance Director reviewed with all the staff in the home:</p> <ul style="list-style-type: none"> • A full inspection of each resident's room should be done, and the established cleaning checklist should be followed during the weekly room cleanings. • A process is in place where the house supervisor (primary day shift nurse aide in the home) is able to report any identified maintenance needs to the main office to be scheduled if they are unable to fix or manage it. 	<p style="text-align: center;">1/8/18 ~</p>

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<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Bedroom #1 light switch is broken. Missing lever cover.</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>The light switch in bedroom #1 was fixed. Each resident room is scheduled for thorough cleaning once a week. The MSC Facility Maintenance Director reviewed with all the staff in the home:</p> <ul style="list-style-type: none"> • A full inspection of each resident's room should be done, and the established cleaning checklist should be followed during the weekly room cleanings. • A process is in place where the house supervisor (primary day shift nurse aide in the home) is able to report any identified maintenance needs to the main office to be scheduled if they are unable to fix or manage it. 	<p style="text-align: center;">1/2/14</p> <p style="text-align: center;">~</p>

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Licensee's/Administrator's Signature: M y -

Print Name: Robert Nazami Dan

Date: 11/9/18