

Office of Health Care Assurance


State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Manoa Senior Care, L.L.C.</b>	<b>CHAPTER 100.1</b>
<b>Address: 2872 Oahu Avenue, Honolulu, Hawaii 96816</b>	<b>Inspection Date: January 25 and 26, 2018 Annual</b>

**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>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Bedroom #2 cortisone cream on resident dresser. Unsecured.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>MSC = Manoa Senior Care</p> <p>The Cortisone was removed from bedroom #3 on 1/26/18 during the inspection, and not bedroom #2 as listed on the SOD. Family education was provided. Specifically, that any medications brought in needs to be presented to the Nurse instead of leaving it in the resident's room. The nurse will then check with the MD if the medication/treatment can be used and the proper order obtained. Staff in the home were also instructed to check resident drawers/areas, with permission, during the weekly room cleaning, for any unsecured medications/treatments. If found, it will be brought to the Nurse on duty.</p>	<p>1/29/18 +  <i>angony</i></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><b>FINDINGS</b>  Bedroom #7 bathroom light has black particle buildup.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The bathroom light in bedroom #7 was cleaned on 1/29/18. Upon discussion with staff, the resident's light is kept on 24 hours a day, per resident's request, and her window is kept slightly open. So it constantly attracts bugs. Even after cleaning it, there is particle build up the next day. The MSC Facility Maintenance Director did reinforce to staff the importance of getting the fixture consistently cleaned during the scheduled once a week resident room cleaning. Important to note, that upon investigation, the particle buildup was not significantly impairing the amount of light shining through the fixture and therefore, not impairing the resident's vision in a way that would compromise her safety.</p>	<p>1/29/18  <i>L. Aragon</i></p>

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<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><b><u>FINDINGS</u></b>            Resident #1 nutrition care plan not updated to reflect current diet order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The diet order was clarified with the resident's physician on 1/25/18, care plan updated, and case manager notified.            The case manager and both nurses in the home were reminded that:</p> <ol style="list-style-type: none"> <li>1) All care plans needs to be reviewed/updated during every monthly visit. The Case Manager should sit down with the Manoa Senior Care Nurse during her visit and review the care plan together and go over any resident changes and new orders since the last visit. Revisions to the care plan should be made as needed.</li> <li>2) The Manoa Senior Care Nurses should call the Case Manager whenever there is a resident status change, new need, or change in physician order for medications and treatments. The Case Manager should then instruct the Nurse to make any necessary care plan changes and fax the corrected plan to her. The Case Manager would then bring the revised typed care plan on the next monthly visit.</li> </ol>	<p>1/29/18            +            onyony            N</p>



