

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nova Luna, Inc.	CHAPTER 98
Address: 470 Lilihua Place, Wailuku, Hawaii 96793	Inspection Date: December 22, 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>§11-98-12 <u>Minimum standards for licensure; services.</u> (2)            Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u>            Resident #2 no evidence of two step tuberculin skin test prior to admission.</p>	<p>PART 1  <u>DID YOU CORRECT THE DEFICIENCY?</u>            USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #2 was discharged on 12/21/17 from residential care.            No corrective measures could be taken</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u> Resident #2 no evidence of two step tuberculin skin test prior to admission.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The medical clearance will be reviewed by the charge nurse and the physician to ensure all testing is completed prior to admission. Only the physician reviewed documents before</p>	<p>01/08/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u> Resident #1 no evidence of two step tuberculin skin test prior to admission.</p>	<p>PART 1 <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 was discharged on 12/19/17 from residential care. No corrective measures could be taken.</p>	

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u> Resident #1 no evidence of two step tuberculin skin test prior to admission.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The medical clearance will be reviewed by the charge nurse and the physician to ensure all testing is completed prior to admission. only the physician reviewed documents before.</p>	<p>01/08/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 missing medication administration record (MAR) from September 25, 2017 through October 16, 2017.</p>	<p style="text-align: center;"><b>PART 1</b> <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 style="text-align: center;">There was no scheduled medication for this resident*1 from September 25 - October 16, 2017. The medication that was ordered was a PRN medication so no corrective measure need to be taken. Please see attached physician order and October PRN MAR.</p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><b><u>FINDINGS</u></b> Bedroom Aloha: One (1) ceiling light bulb in bathroom is not working.</p>	<p style="text-align: center;"><b>PART 1</b> <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 style="text-align: center;">Ceiling light bulb in bathroom was replaced.</p>	<p style="text-align: center;">12/22/17</p>



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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c)  Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u>  Bedroom Hono: Paint is peeling by wall. One (1) inch in diameter.</p>	<p>PART 1  <u>DID YOU CORRECT THE DEFICIENCY?</u>  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Wall was sanded and repainted</p>	<p>01-04-18</p>

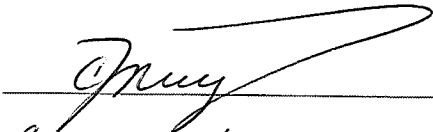
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Bedroom Hono: Paint is peeling by wall. One (1) inch in diameter.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">Housekeeping will inform management of any damage that needs repair and residents are not allowed to use putty to hang items</p>	<p style="text-align: center;">01-04-18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Bedroom Hula: Two (2) broken blind panels.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">Staff informed to inform/report to management if they see any repairs that need to be made.</p>	<p style="text-align: center;">02-19-18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Living room: One (1) broken blind panel.</p>	<p>PART 1 <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>New blind panels were ordered</p>	<p>03-06-18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><b><u>FINDINGS</u></b> Living room: One (1) broken blind panel.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Staff was informed to report any repairs that need to be made to management.</p>	<p style="text-align: center;">02-19-18</p>

Licensee's/Administrator's Signature:   
Print Name: CATY MEYER-UYEHARA  
Date: 3/6/18