

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Manoa Senior Care B</b>	<b>CHAPTER 100.1</b>
<b>Address: 2240 Oahu Avenue, Honolulu, Hawaii 96822</b>	<b>Inspection Date: March 22 and 23, 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>§11-100.1-23 <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><b><u>FINDINGS</u></b>  Bedroom #3, particle buildup in ceiling light fixture.</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 style="text-align: center;">MSC = Manoa Senior Care</p> <p>The ceiling light fixture in bedroom #3 was cleaned on 3/23/18.  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"> <li>• A full inspection of each resident's room should be done, and the established cleaning checklist should be followed during the weekly room cleanings.</li> <li>• The proper cleaning tool to use for the light fixture.</li> </ul>	<p style="text-align: center;">3/30/18  <i>m</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>  Bedroom #3, particle buildup in ceiling light fixture.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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 MSC Facility Maintenance Director will do periodic visits to the home to ensure compliance.</p>	<p style="text-align: center;"><i>Ongoing</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Bedroom #3, shower light has no cover.</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 cover for the shower light in bedroom #3 was placed on 3/27/18. 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"> <li>• A full inspection of each resident's room should be done during the weekly room cleanings.</li> <li>• 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.</li> </ul>	<p style="text-align: center;">3/30/18 ✓</p>



Licensee's/Administrator's Signature: RA Nagmi

Print Name: Robert Nagmi

Date: 3/31/18