

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Sunshine	CHAPTER 100.1
Address: 2205 McKinley Street, Honolulu, Hawaii 96822	Inspection Date: February 9, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS Primary Care Giver (PCG), no first aid certificate. <i>Please submit documentation with the plan of correction (POC).</i></p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? PCG's current CPR/1st Aid is copy of attached. This same paper was located in the file along with other active employee documents available for surveyor @ time of inspection.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG has always / & will always keep up to CPR/1st Aid certifications according to rule 11-100.1-9.</p>	<p>083116</p> <p>083116</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS PCG, no cardiopulmonary resuscitation certificate. <u>Please submit documentation with the POC.</u></p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>A copy of the CPR card - for this deficiency is sent to this UPOC. I have no explanation as to why this document was not seen by surveyor, @ time of this inspection. Perhaps my previous card expired on 10/31/2015. Next card was obtained on 11/19/2015. I will obtain CPR/1st aid renewal a previous card expires.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will create a separate binder indicating that employee info is there. *attachment sent. JR</p> <p>The company, Fast CPR, sends me email reminders for renewal.</p>	<p>06-18 12</p> <p>083116</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><u>FINDINGS</u> No documentation of substitute care giver training by the PCG to make medication available and to provide personal care to residents. <u>Please submit documentation with the POC.</u></p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>The PCG gave all UCG's the med. adminis. module 2/2018.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>I will be doing once a year medication assistance training & post test documentation once a year to USubstitute caregivers. That module is sent c this UPOC. Also, a module of bathing tips is sent c this UPOC. Substitute caregivers are given 6 credit modules a year on topics related to caregiving as well as professional growth & safety. I will make sure these modules & post tests are readily available for audits.</p>	<p>06/12/18</p> <p>06/12/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Medication placed in the following places, unsecured:</p> <ol style="list-style-type: none"> 1. Refrigerator, one (1) bottle of "Tussin DM" and 2. Resident bathroom, one (1) tube of "Bacitracin" labeled for Resident #1. 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>I removed the bottle of (discarded) Tussin DM & the tube of bacitracin (discarded).</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will label all p.o. & topical meds & store them in proper containers & locked up under proper conditions.</p>	<p>02/10/16</p> <p>02/10/16</p>


	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1,</p> <ol style="list-style-type: none"> 1. Physician order reads, "Felodipine 10 mg po QD. Hold for <u>SBP < 110</u>". For two (2) days, medication record reflects medication was made available when the <u>SBP < 110</u>: <ol style="list-style-type: none"> a. on 12/05/15, <u>SBP was 107</u> b. on 12/11/15, <u>SBP was 108</u> 2. A hand written note taped to an <u>empty pharmacy bottle</u> reads, "Awaiting refill". Pill count discrepancy noted as follows: <ol style="list-style-type: none"> a. Pharmacy labeled reads, "Omeprazole 20 mg one table daily" b. Bottle label reflects, dispensed on 11/06/15 with a quantity of 90 pills. c. February 2016 medication record reflects medication provided daily. 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <ol style="list-style-type: none"> 1. All caregivers will be taking B/p's & HR's & assisting medications. Reeducation to cgs done. Rereading MAR & following "hold med" instructions emphasized. 2. In the interest of avoiding errors, I personally filled weekly medication boxes for each resident to ease medication distribution from caregiver to resident. This practice was immediately stopped once I received my preliminary citation. <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. All caregivers have been instructed to always call me when a resident's B/P or HR is not their ordinary reading. All caregivers have been re-instructed on reading MAR & how to follow written instructions. 2. The practice of using store bought medication boxes to prep meds a week in advance has ceased. 	<p>02/10/2016</p> <p>02/10/2016</p> <p>02/10/2016</p> <p>02/10/2016</p>

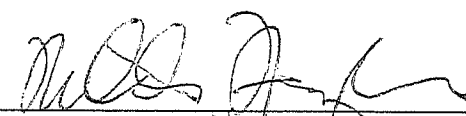
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Progress notes do not reflect care giver's observations of the need for or response to PRN medication made available on 10/24-31/2015, 11/03/15, 11/05/15, 11/14/15, 11/16/15, 11/19/15, 02/02/16 and 02/04/16. Repeat citation (2015)</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I have reviewed c.c.g.s on how to use MAR to document responses to medications given to residents on a PRN basis. We also reviewed the meaning of PRN. I went back to review the notes. Yes, prn Miralax ordered + given. For results, this info is documented on that resident's Progress Notes. (See attached documents)</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> Caregivers have been instructed to always notify me & allowing any resident to receive a PRN medication. If/When this does occur, @ that point I will remind c.g. to observe for medication effectiveness + where on MAR + or on Progress Note this info of effectiveness shld be documented</p>	<p>02/15/2016</p> <p>02/15/2016</p> <p>02/15/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent register not maintained as follows:</p> <ol style="list-style-type: none"> 1. No admission dates recorded for Resident #3 and for Discharged Resident (DR) #1. 2. Incomplete discharge date recorded for DR #2. Discharge date reads, "2/15". <p>Repeat Citation (2015).</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I went back to my permanent general register & completed it by adding the correct dates for the admissions & discharges.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will be more precise when filling out my Permanent General Register.</p>	<p>091516</p> <p>0930 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> No report to notify the physician of discrepancy in resident's mobility. Resident #1, admitted on 10/21/15, documented as follows:</p> <ol style="list-style-type: none"> 1. Physician assessment dated 10/21/15 reads, resident ARCH and certified as "ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions." 2. Primary Care Giver (PCG) admission assessment dated 10/21/15 reads, "mobility with walker"; however, progress note dated 10/24/15 reads, "still wobbly and needing full assist of one person with walker to ambulate → need to assist propelling walker forward to pt. can take a step." <p><u>Please notify physician and request re-evaluation to update self-preservation certificate to reflect all areas of assistance.</u></p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? An ammendment note for Resident #1 admission has been added to his chart. This ammendment note does not contradict the fact that resident #1 was, & still is, self preserving.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> In the future, I will be more objective & more accurately describe & delineate my residents disabilities & abilities</p>	<p>09/15/16</p> <p>09/15/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Evacuation plan posted in the hallway; however, no bedroom numbers indicated and for one exit labeled on this map, the exit pathway was blocked by the following: two (2) vacuum cleaners, three (3) folding chairs, one (1) small shelf unit holding Christmas decorations and one (1) wheelchair. <u>Please revise the wall evacuation plan map to indicate bedroom numbers and two (2) current exits from the facility.</u></p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>The revised map/plan is sent & this LPOC</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>The residents & caregivers have been verbally notified of the new fire evacuation plan. The biggest difference on the visual new fire plan has been pointed out i.e. an arrow does not show that evacuation is done thru bedroom #2.</i></p>	<p><i>09/20/16</i></p> <p><i>09/30/2016</i></p>

Licensee's/Administrator's Signature: 
Print Name: Michelle Nurdyke
Date: 10. 24. 2016

Licensee's/Administrator's Signature: 
Print Name: Michelle Nurdyke
Date: 06 ~~2016~~ 18
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