

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care B	CHAPTER 100.1
Address: 2240 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: March 12-13, 2019 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #2 – Medication administration record (MAR) indicated “Acetaminophen 500mg, take 2 tabs by mouth TID, not to exceed 3 grams in 24 hours,” and “Tylenol 325mg, take 2 tabs PO every 4 hours as needed for pain or fever, not to exceed 3 grams in 24 hours,” both ordered on 12/6/2018 were discontinued on 12/20/2018. No evidence of discontinue order by physician.</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;">Order to discontinue medications were faxed to MD. Signed orders received on 4/3/2019.</p>	<p style="text-align: center;">4/5/19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #6 – No current annual physical examination.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">All residents receive an annual physical examination. A record tracking sheet is updated monthly by the nurses.</p>	<p>4/5/19 r ongoing</p> <p style="text-align: right;">APR 16 10 59</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, 4, 6, & 7 – No current level of care evaluation certified by a physician.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Residents receive their annual physical examinations by their primary care physician. The DOH physical examination form to be given to primary care physician. The section for level of care to be marked and the form to be signed by primary care physician along with the annual physical examination.</p>	<p style="text-align: right;"><i>4/5/19 r ongoing</i></p> <p style="text-align: right;">ST 11 2100 19 APR 16 AM 09:01</p>

Licensee's/Administrator's Signature: *Lora Garcia*

Print Name: Lora Garcia

Date: 4/5/19

19 APR 17 10:40 AM
STATION