

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Living Manoa Gardens	CHAPTER 100.1
Address: 2385 Beckwith Street, Honolulu, Hawaii 96822	Inspection Date: February 23, 2021 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.

OFFICE OF HEALTH CARE ASSURANCE
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Substitute Caregiver (SCG) #2 – No documented evidence of annual tuberculosis clearance. Please submit a copy of the current tuberculosis clearance along with your plan of correction.	<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;">Annual TB Clearance obtained (see enclosed).</p>	<p style="text-align: center;">2/24/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS SCG #2 – No documented evidence of first aid certification. Please submit a copy of the current first aid certification along with your plan of correction.	<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;">First Aid Certification obtained (see enclosed).</p>	<p style="text-align: center;">2/23/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #2 – “Guaifenesin (TUSSIN) DM 100mg/5ml 10ml PO Q4H PRN cough” ordered on 5/20/20, however medication administration record (MAR) reads to administer Q6 hours from order date until 6/8/20 when order for Q6 hours is given.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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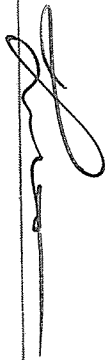
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<p>FINDINGS</p> <p>Resident #1 – Per the following progress notes:</p> <ul style="list-style-type: none"> 10/19/20 - "Still with slight redness on left inner thigh. Applied house lotion, will continue to monitor." 10/22/20 - "Daughters are very involved when it comes to treatments for resident. Given update to daughters that slight itching on resident's back started end of August, and the family-supplied OTC moisturizing lotion is being used." 10/23/20 - "Will continue to moisturize any dry/itchy skin every day and monitor." 11/2/20 - Progress note and message to physician/APRN, "Resident has been having off/on itching on her back and nape area. Currently with redness on lower back and inner thighs. OTC Moisturizing Lotion (Cetaphil) provided by family being used 3x/day". <p>OTC Cetaphil moisturizing lotion is being applied 3x/day to treat residents off/on redness/itching. No physician's order available to treat skin condition with OTC Cetaphil moisturizing lotion OTC Cetaphil moisturizing lotion. Also, treatment not being documented in treatment administration record.</p> <p style="text-align: center;">STATE LICENSING DOH-HCA HAWAII STATE</p> <p style="text-align: center;">10:24 92 AM 12.</p>		

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Licensee's/Administrator's Signature: _____



Print Name: _____

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