

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage Tree	CHAPTER 100.1
Address: 2220 McKinley Street, Honolulu, Hawaii 96822	Inspection Date: August 8 & 9, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator temperature 48F. When temperature was re-checked five minutes later, temperature was 49F.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See attached</i></p>	<p>9/13/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. <u>FINDINGS</u> Refrigerator temperature 48F. When temperature was re-checked five minutes later, temperature was 49F.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>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;"><i>See attached</i></p>	<p style="text-align: center;">9/13/19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Cleaning agents not securely stored in residents' bathroom cabinet. Locking device was not engaged.	<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;"><i>See attached</i></p>	<p style="text-align: center;">4/13/19</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. FINDINGS Resident #1 – Labels for “Mapap 500 mg, 1 tab by mouth three times daily,” and “Senexon-S, 2 tabs by mouth twice daily,” do not include the dosage or frequency ordered by the physician.	<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;"><i>See attached</i></p>	<p style="text-align: center;"><i>9/13/19</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Multiple prn medications unavailable.	<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;"><i>See attached</i></p>	<p style="text-align: center;"><i>9/13/15</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #2 – Calcium/Vitamin-D tablet not initialed as being given on 3/12/2019 and 9/29/2018.	<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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<input checked="" type="checkbox"/>	<p>§ 11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 and #2 – Medications not reevaluated and signed by the physician every four (4) months. Medication orders that were signed were not dated.</p>	<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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<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (c) Residents who are incontinent shall be bathed or cleaned promptly upon voiding and soiling. All soiled items shall be segregated and appropriately stored until they can be properly cleaned.</p> <p>FINDINGS Resident #1 – Strong urine odor in resident's bedroom at the end of the hall that resonated to and lingered in the dining area.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See attached</i></p>	<p><i>9/13/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><u>FINDINGS</u> Resident #1 – Renewal orders for restraint use not obtained on a weekly basis from the resident's physician.</p>	<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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<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 – Annual physical exam record signed by physician, but completely blank.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See attached</i></p>	<p><i>9/13/15</i></p>

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<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> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.</p>	<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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<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;”</p> <p>FINDINGS Resident #2 – No documented evidence that the 10/2/18 Consultant Registered Dietitian advisement, “if continues to gain weight, may need to go back to regular portions of meal” was followed or noted for resident with weight gain of 11.8 lbs in one year.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>see attached</i></p>	<p><i>9/13/15</i></p>

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<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (b)(1)(D) 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. Housekeeping: All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily. <u>FINDINGS</u> Bedroom #4 window sill and night stand covered with termite droppings.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>9/13/19</i></p>

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<input checked="" type="checkbox"/> §11-100.1-55 Nutrition and food sanitation. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented. FINDINGS Resident #2 – No documented evidence that the facility utilized the Consultant RD to reassess resident with weight gain of 11.8 lbs in one year.	<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;"><i>See attached</i></p>	<p style="text-align: center;"><i>9/13/19</i></p>

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<input checked="" type="checkbox"/> §11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented. <u>FINDINGS</u> Resident #2 – No documented evidence that the facility utilized the Consultant RD to reassess resident with weight gain of 11.8 lbs in one year.	<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;"><i>See attached</i></p>	<p style="text-align: center;"><i>9/13/15</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency; <u>FINDINGS</u> No documented evidence that the facility utilized the Consultant RD to provide special diet training for food preparation staff.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>9/13/19</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency; <u>FINDINGS</u> No documented evidence that the facility utilized the Consultant RD to provide special diet training for food preparation staff.	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>See attached</i> </p>	<p style="text-align: center;">9/13/15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Resident #1 – Case manager did not review the care plan monthly (no review during October and November 2018).</p>	<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
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Resident #1 – Case manager did not review the care plan monthly (no review during October and November 2018).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>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;"><i>See attached</i></p>	<p style="text-align: center;"><i>9/13/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p>FINDINGS Resident #1 – No documented evidence that the intervention “Aspiration precautions per Manoa Cottage protocol” was followed as indicated in the Alteration in Nutrition care plan.</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;"><i>See attached</i></p>	<p style="text-align: center;"><i>9/13/15</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. <u>FINDINGS</u> Resident #1 – No documented evidence that the intervention “Aspiration precautions per Manoa Cottage protocol” was followed as indicated in the Alteration in Nutrition care plan.	<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;"><i>See attached</i></p>	<p style="text-align: center;">9/13/15</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(3)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS</p> <p>Resident #1 – Case manager did not review the care plan monthly (no review during October and November 2018).</p>	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – Case manager did not review the care plan monthly (no review during October and November 2018).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>See attached</i></p>	<p><i>9/13/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-88 Case management qualifications and services. (c)(6)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – No documented evidence of care giver training by case manager on how to use Hoyer Lift.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See attached</i></p>	<p><i>9/13/15</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – No documented evidence of care giver training by case manager on how to use Hoyer Lift.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>See attached</i> </div>	<div style="text-align: center;"> <i>9/13/15</i> </div>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; <u>FINDINGS</u> Resident #1 – No face-to-face contact between case manager and resident at least once every thirty days. Resident not seen by case manager from 8/21/2019 until 12/6/2018.	<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;"><i>See attached</i></p>	<p style="text-align: center;">9/13/19</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; <u>FINDINGS</u> Resident #1 – Case manager comprehensive reassessment not conducted every six (6) months. Comprehensive assessment conducted on 6/6/2018, and then on 2/28/2019.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>See attached</i>	9/13/15

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Licensee's/Administrator's Signature:



Print Name:

Calvin Hara

Date:

9/13/19

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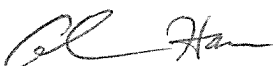
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11-100.1-14(c)

PART 1

The deficiency was corrected by adjusting the air flow control dial in the refrigerator. Since 08/10/19, the recorded temperature has been between 39-41 degrees Fahrenheit.


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CHAPTER

11-100.1-14(c)

PART 2

Nursing Assistants, and any staff who use the refrigerator, will check the thermometer temperature to be sure it is less than 45 degrees Fahrenheit. Should the temperature be above 45 degrees Fahrenheit, the temperature will be checked again in the event that there was a increase in the temperature due to use, such as during meal time which causes a rise in temperature, and the air flow adjustment will be checked/adjusted as needed. The daily temperature log will continue to be used daily. If there is a mechanical problem with the refrigerator, the Maintenance Supervisor will be informed for repair/replacement.

11-100.1-14(c)

11-100.1-14(c)

PART 2

Nursing Assistants, and any staff who use the refrigerator, will check the thermometer temperature to be sure it is less than 45 degrees Fahrenheit. Should the temperature be above 45 degrees Fahrenheit, the temperature will be checked again in the event that there was a increase in the temperature due to use, such as during meal time which causes a rise in temperature, and the air flow adjustment will be checked/adjusted as needed. The daily temperature log will continue to be used daily. If there is a mechanical problem with the refrigerator, the Maintenance Supervisor will be informed for repair/replacement.



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CHAPTER

11-100.1-14 (f)

PART 1

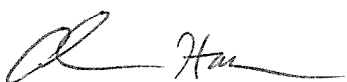
On 8/8/19, the locking device was engaged by staff to secure the chemicals. A label has been placed on the cabinet which states to keep locked at all times. Nursing Assistants will observe the cabinet routinely when walking by to assure that the cabinet is locked.

11-100.1-14 (f)

11-100.1-14 (f)

PART 1

On 8/8/19, the locking device was engaged by staff to secure the chemicals. A label has been placed on the cabinet which states to keep locked at all times. Nursing Assistants will observe the cabinet routinely when walking by to assure that the cabinet is locked.



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11-100.1-14 (f)

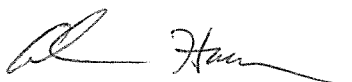
PART 2

The Nurse Manager conducted an inservice training with the Nursing Assistants on the requirement to have toxic chemicals and cleaning agents securely stored in locking cabinets. All staff will monitor daily, the cabinet, to be sure that toxic chemicals and cleaning agents are securely stored with a lock on the cabinet. The Administrative Nursing Assistant will conduct random audits, twice a week, to be sure that the cabinet is locked. The Nurse Manager will conduct further inservice training should the random audit results reveal the need for more training.

11-100.1-14 (f)

11-100.1-14 (f)

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11-10-0.1-15(a)

PART 1


The label, which included the dosage and frequency of the medication, was affixed to the Mapap and Senexon medications on 8/26/19. Nursing Assistants will check labels on the medication bottles for the resident's name, dosage and frequency when medication is provided to a resident.

11-10-0.1-15(a)

11-10-0.1-15(a)

11-10-0.1-15(a)

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11-10-0.1-15(a)

PART 2

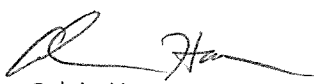
The Nurse Manager will inservice the Nursing Assistants on checking medications to be sure that it has the resident's name, dosage and frequency of the bottle's label when medication pass is done. The Nurse Manager and the Administrative Nursing Assistant will randomly, on a weekly basis, check medications to be sure it is labeled properly.

11-10-0.1-15(a)

11-10-0.1-15(a)

11-10-0.1-15(a)

The Nurse Manager will inservice the Nursing Assistants on checking medications to be sure that it has the resident's name, dosage and frequency of the bottle's label when medication pass is done. The Nurse Manager and the Administrative Nursing Assistant will randomly, on a weekly basis, check medications to be sure it is labeled properly.



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11-100.1-15 (a)

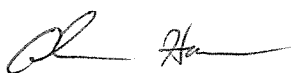
PART 1

The order was verified and the correct medication dosage bottle was provided along with the correct label.

11-100.1-15 (a)

PART 1

The order was verified and the correct medication dosage bottle was provided along with the correct label.



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11-100.1-15 (a)


PART 2

The Nurse Manager will inservice the Nursing Assistants on checking the medication bottle for the correct dosage for the current dosage and will be sure the bottle is labeled correctly. Nursing Assistants will check the medication bottle and label each time the medication is needed to be given to the resident to be sure the dosage label reflect the correction information. The Administrative Nursing Assistant will randomly audit weekly the medications to be sure the bottles have the correct dosage and the label have the correction information. The Nurse Manager will be informed by the Administrative Nursing Assistant about the audits, and then it will be determined if additional inservice is necessary.

11-100.1-15 (a)

PART 2

The Nurse Manager will inservice the Nursing Assistants on checking the medication bottle for the correct dosage for the current dosage and will be sure the bottle is labeled correctly. Nursing Assistants will check the medication bottle and label each time the medication is needed to be given to the resident to be sure the dosage label reflect the correction information. The Administrative Nursing Assistant will randomly audit weekly the medications to be sure the bottles have the correct dosage and the label have the correction information. The Nurse Manager will be informed by the Administrative Nursing Assistant about the audits, and then it will be determined if additional inservice is necessary.



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CHAPTER

11-100.1-15(e)

PART 1

Resident #1's PRN medications were obtained and is now available in the medication cart. Nursing Assistants will routinely check the cart each shift to be sure that PRN medications are in the cart for residents with PRN medication orders.

11-100.1-15(e)

11-100.1-15(e)

PART 1

Resident #1's PRN medications were obtained and is now available in the medication cart. Nursing Assistants will routinely check the cart each shift to be sure that PRN medications are in the cart for residents with PRN medication orders.



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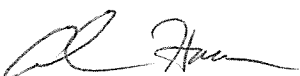
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11-100.1-15(e)

PART 2

The Nurse Manager will inservice the Nursing Assistants on routinely, on each shift. check the medication cart to be sure residents with PRN medication orders have the medication available. The Administrative Nursing Assistant will randomly, on a weekly basis, check the medication cart to be sure residents with PRN medication have the medications available. Should the Administrative Nursing identify that the PRN medication is not available, then the Nurse Manager will conduct another inservice on the subject of checking to be sure that PRN medications are in the medication cart.



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CHAPTER

11-100.1-15(f)

PART 2

The Nursing Assistants, will, shift-to-shift audit the medication administration record to be sure that initials are on the medication administration record for medications given.

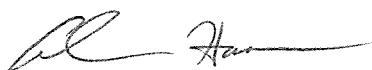
The Administrative Nursing Assistant will audit the medication administration record weekly to be sure that there are initials for medication given. The Administrative Nursing Assistant will report weekly the audit findings to the Nurse Manager. Should it be identified for more training, another inservice training will be conducted by the Nurse Manager for the Nursing Assistants.

11-100.1-15(f)

PART 2

The Nursing Assistants, will, shift-to-shift audit the medication administration record to be sure that initials are on the medication administration record for medications given.

The Administrative Nursing Assistant will audit the medication administration record weekly to be sure that there are initials for medication given. The Administrative Nursing Assistant will report weekly the audit findings to the Nurse Manager. Should it be identified for more training, another inservice training will be conducted by the Nurse Manager for the Nursing Assistants.



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11-100.1-15(g)

PART 2

The Administrative Nursing Assistant will review the physician's medication orders when they are received to be sure that it is signed and dated. The Nurse Manager will list when a physician's four month medication re-evaluation is due and upon the physicians review, will verify that the review has the physician's signature and date. Should the orders be found without a date, the orders will be returned to the physician to obtain the proper documentation.

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11-100.1-15(g)

PART 1

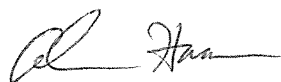
The hospice medications were discontinued by the attending physician. The Nurse Manager will check for physician orders to discontinue hospice medications when the resident is graduating from hospice.

Page 1

11-100.1-15(g)

Page 1

The hospice medications were discontinued by the attending physician. The Nurse Manager will check for physician orders to discontinue hospice medications when the resident is graduating from hospice.



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CHAPTER

11-100.1-15(g)

PART 2

The Nurse Manager will utilize a checklist, which will include the discontinuation of hospice medications for residents who graduate from hospice to be sure it is done. The Administrative Nursing Assistant will double check the checklist of items done, to be sure that it was completed as required.

The Nurse Manager will utilize a checklist, which will include the discontinuation of hospice medications for residents who graduate from hospice to be sure it is done. The Administrative Nursing Assistant will double check the checklist of items done, to be sure that it was completed as required.


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CHAPTER

11-100.1-16(e)


PART 1

Resident #1's room and equipment was deep cleaned by the Maintenance Supervisor and Housekeeper. Nursing Assistants replaced the resident's linens and bathed the resident. The resident's bed mattress was replaced.

11-100.1-16(e)

11-100.1-16(e)

The resident's room and equipment was deep cleaned by the Maintenance Supervisor and Housekeeper. Nursing Assistants replaced the resident's linens and bathed the resident. The resident's bed mattress was replaced.


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CHAPTER

11-100.1-16(e)

PART 2

Nursing Assistants when providing care to Resident #1 will monitor for urine order which may indicate a condition and needs to be reported to the Nurse Manager and if environmental, the Maintenance Supervisor and Housekeeper will be notified.

If the Nurse Manager determines that a clinical need is present, the Nurse Manager will conduct an assessment and contact the physician.

If the Maintenance Supervisor and Housekeeper determine that deep cleaning of the room and equipment is needed, then deep cleaning will commence immediately.

The Nurse Manager will randomly, twice a week or more, monitor Resident #1's room for odor, and if identified, will have the Nursing Assistant check the resident and/or notify the Maintenance Supervisor and Housekeeper to clean the room.

Nursing Assistants when providing care to Resident #1 will monitor for urine orders, this may indicate a condition and needs to be reported to the Nurse Manager and if environmental, the Maintenance Supervisor and Housekeeper will be notified.

If the Nurse Manager determines that a clinical need is present, the Nurse Manager will conduct an assessment and contact the physician.

If the Maintenance Supervisor and Housekeeper determine that deep cleaning of the room and equipment is needed, then deep cleaning will commence immediately.

The Nurse Manager will randomly, twice a week or more, monitor Resident #1's room for odor, and if identified, will have the Nursing Assistant check the resident and/or notify the Maintenance Supervisor and Housekeeper to clean the room.



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CHAPTER

11-100.1-16(j)

PART 2

The Nurse Manager will utilize a weekly log and checklist for resident's with restraint use to be sure that the renewal orders are obtained from the physician on a weekly basis. The Administrative Nursing Assistant will double the weekly log and checklist and verify that the physician's renewal order was received.



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CHAPTER

11-100.1-17(b)(1)

PART 1

The Administrative Nursing Assistant provided Resident #1's annual physical examination form to the resident's physician so the physician was able to properly complete the form. The Administrative Nursing Assistant filed the completed form in the chart and on-going will audit the annual physician examination forms for completeness.

11-100.1-17(b)(1)

11-100.1-17(b)(1)

The Administrative Nursing Assistant provided Resident #1's annual physical examination form to the resident's physician so the physician was able to properly complete the form. The Administrative Nursing Assistant filed the completed form in the chart and on-going will audit the annual physician examination forms for completeness.



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11-100.1-17(b)(1)

PART 2

The Nurse Manager will review the annual physician examination forms for completeness before it is filed. The Administrative Nursing Assistant will audit the annual physician examination form for completeness before filing the form in the chart.

The Nurse Manager will review the annual physician examination forms for completeness before it is filed. The Administrative Nursing Assistant will audit the annual physician examination form for completeness before filing the form in the chart.


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11-100.1-17(b)(3)

PART 2

The Nurse Manager will assure that when the monthly progress notes are completed, that observations of the resident's response to medications is noted. Once completed, the Administrative Nursing Assistant will utilize a checklist, which will have the required items to be on the monthly progress notes, that each monthly progress notes items are documented.

11-100.1-17(b)(3)

11-100.1-17(b)(3)

11-100.1-17(b)(3)

The Nurse Manager will assure that when the monthly progress notes are completed, that observations of the resident's response to medications is noted. Once completed, the Administrative Nursing Assistant will utilize a checklist, which will have the required items to be on the monthly progress notes, that each monthly progress notes items are documented.



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11-100.1-17(b)(3)

PART 2

The Nurse Manager, when completing the monthly progress notes, will verify that the diet order is the same as what is documented in the monthly progress notes. The Nurse Manager will have the chart documentation/information on-hand when completing the monthly progress notes to immediately verify accuracy.

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11-100.1-17(b)(3)

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The Nurse Manager, when completing the monthly progress notes, will verify that the diet order is the same as what is documented in the monthly progress notes. The Nurse Manager will have the chart documentation/information on-hand when completing the monthly progress notes to immediately verify accuracy.



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11-100.1-17 (b)(4)

The Consultant Dietician assessment on 9/2/19 stated that Resident #2's weight gain of eleven pounds in one year is a desired outcome. Resident #2's intake varied depending on food served, and intake averaged 75% of meal eaten.

11-100.1-17 (b)(4)

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11-100.1-17 (b)(4)

PART 2

The Nurse Manager will review monthly weights of residents and when there is a five percent weight gain or five percent weight loss, the consultant dietician will be informed for follow-up. The Nurse Manager will utilize a checklist and log to indicate when the consultant dietician was notified and follow-up provided, and if advised by the consultant dietician, the attending physician will be notified for any new orders.

11-100.1-17 (b)(4)

11-100.1-17

The Nurse Manager will review monthly weights of residents and when there is a five percent weight gain or five percent weight loss, the consultant dietician will be informed for follow-up. The Nurse Manager will utilize a checklist and log to indicate when the consultant dietician was notified and follow-up provided, and if advised by the consultant dietician, the attending physician will be notified for any new orders.



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CHAPTER

11-100.1-23(h)(1) (D)

PART 1

The Housekeeper cleaned Resident room #4's window sill and night stand immediately on 8/9/19. The Housekeeper was informed to double check rooms for cleanliness and thoroughness in cleaning before leaving the room.

On 8/9/19, the Housekeeper cleaned Resident room #4's window sill and night stand immediately on 8/9/19. The Housekeeper was informed to double check rooms for cleanliness and thoroughness in cleaning before leaving the room.



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CHAPTER

11-100.1-23(h)(1) (D)

PART 2

The Maintenance Supervisor will routinely, randomly, check resident's rooms, daily, that the Housekeeper cleaned for thoroughness in cleaning the rooms, floor and furnishings in the room. The Housekeeper will be informed immediately of any items which need to be readdressed so the Housekeeper is aware of the need for thoroughness in cleaning.

11-100.1-23(h)(1) (D)

11-100.1-23(h)(1) (D)

11-100.1-23(h)(1) (D)

The Maintenance Supervisor will routinely, randomly, check resident's rooms, daily, that the Housekeeper cleaned for thoroughness in cleaning the rooms, floor and furnishings in the room. The Housekeeper will be informed immediately of any items which need to be readdressed so the Housekeeper is aware of the need for thoroughness in cleaning.



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CHAPTER

11-100.1-55 (1)

PART 1

The consultant dietician conducted a reassessment on 9/2/19 of the resident's weight gain and provided recommendations. The Nurse Manager's checklist of referrals to the consultant dietician will verify when the consultant dietician conducted a reassessment of weight gains or loss of five pounds.



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CHAPTER

11-100.1-55 (1)

PART 2

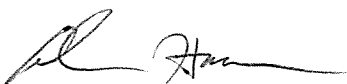
The Nurse Manager will utilize a checklist and log which will indicate when the consultant dietician was notified to conduct a reassessment, and when the consultant dietician completed the reassessment. The Administrative Nursing Assistant will double check the checklist and log for completeness and follow-thru.

11-100.1-55

11-100.1-55 (1)

11-100.1-55

The Nurse Manager will utilize a checklist and log which will indicate when the consultant dietician was notified to conduct a reassessment, and when the consultant dietician completed the reassessment. The Administrative Nursing Assistant will double check the checklist and log for completeness and follow-thru.



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CHAPTER

1-100.1-55 (2)

PART 1

Documentation of the Consultant RD providing special diet training for food preparation staff occurred on 05/06/19.

1-100.1-55 (2)

PART 1

Documentation of the Consultant RD providing special diet training for food preparation staff occurred on 05/06/19.

Documentation of the Consultant RD providing special diet training for food preparation staff occurred on 05/06/19.

1-100.1-55 (2)

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1-100.1-55 (2)



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1-100.1-55 (2)

PART 2

The Nurse Manager will assure that the Consultant RD provides special diet training on a regular basis for food preparation staff. An annual calendar for the Nurse Manager and the Consultant RD will be utilized to serve as a reminder of this requirement.

Page 3

Page 3

The Nurse Manager will assure that the Consultant RD provides special diet training on a regular basis for food preparation staff. An annual calendar for the Nurse Manager and the Consultant RD will be utilized to serve as a reminder of this requirement.



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CHAPTER

11-100.1-83(5)

PART 2

The Nurse Manager will utilize a checklist and log which will indicate that the resident's care plan is reviewed by the case management service monthly. The Nurse Manager will check the care plan monthly at the time of completion before the case manager leaves at the time of the visit. The Administrative Nursing Assistant will double check the checklist and log to be sure that the case manager did the monthly care plan review.



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CHAPTER

11-100.1-87 (a)

PART 1

The Nurse Manager completed Resident #1's monthly progress notes which stated that the intervention "Aspiration precautions per Manoa Cottage protocol" was followed as indicated in the Alteration in Nutrition care plan.

The Nurse Manager completed Resident #1's monthly progress notes which stated that the intervention "Aspiration precautions per Manoa Cottage protocol" was followed as indicated in the Alteration in Nutrition care plan.



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CHAPTER

11-100.1-87 (a)

PART 2

The Nurse Manager will review the expanded ARCH resident's care needs, care plan, required services, or interventions and will assure that the monthly progress notes address the care plan, and to include for resident #1, the intervention "Aspiration precautions per Manoa Cottage protocol. The Nurse Manager will follow up on the care plan by conducting random audit to assure that it is properly addressed.

The Nurse Manager will review the expanded ARCH resident's care needs, care plan, required services, or interventions and will assure that the monthly progress notes address the care plan, and to include for resident #1, the intervention "Aspiration precautions per Manoa Cottage protocol. The Nurse Manager will follow up on the care plan by conducting random audit to assure that it is properly addressed.



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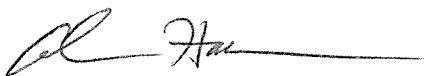
CHAPTER

11-100.1-88(c)(3)

PART 2

The Nurse Manager will utilize a checklist and log which will indicate that the resident's care plan is reviewed by the case management service monthly. The Nurse Manager will check the care plan monthly at the time of completion before the case manager leaves at the time of the visit. The Administrative Nursing Assistant will double check the checklist and log to be sure that the case manager did the monthly care plan review.

The Nurse Manager will utilize a checklist and log which will indicate that the resident's care plan is reviewed by the case management service monthly. The Nurse Manager will check the care plan monthly at the time of completion before the case manager leaves at the time of the visit. The Administrative Nursing Assistant will double check the checklist and log to be sure that the case manager did the monthly care plan review.



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CHAPTER

11-100.1-88(c)(6)

PART 1

The case manager coordinated the training of Nursing Assistants on how to use the Hoyer Lift.

11-100.1-88(c)(6)

11-100.1-88(c)(6)

The case manager coordinated the training of Nursing Assistants on how to use the Hoyer Lift.



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CHAPTER

11-100.1-88(c)(6)

PART 2

The Nurse Manager will communicate with the case manager, as a double check for the case manager who will be coordinating the need for care giver training on items such as a Hoyer Lift. The Nurse Manager will have topic and sign-in documentation of the care giver training provided.

11-100.1-88(c)(6)

11-100.1-88(c)(6)

The Nurse Manager will communicate with the case manager, as a double check for the case manager who will be coordinating the need for care giver training on items such as a Hoyer Lift. The Nurse Manager will have topic and sign-in documentation of the care giver training provided.



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CHAPTER

11-100.1-88(c)(8)

PART 2

The Administrative Nursing Assistant will maintain a checklist and log sheet which will indicate the case manager's face-to-face visit with the resident at least once in thirty days. The Nurse Manager will review the checklist and log sheet for the thirty day requirement, and if needed, will contact the case manager to provide the visit before the thirtieth day.



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CHAPTER

11-100.1-88(c)(10)

PART 1

The Administrative Nursing Assistant will maintain a checklist and log sheet which will indicate the six month comprehensive reassessment date. The Nurse Manager will review the checklist and log sheet for the six month requirement, and if needed, will contact the case manager to provide the visit before the six month period ends.



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