

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HI02LTC5064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MANOA COTTAGE - KAIMUKI

**748 OLOKELE AVENUE
HONOLULU, HI 96816**

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4 000	Initial Comments A re-licensure survey was conducted by the State Survey Agency, the Office of Health Care Assurance on January 14, 2022. The facility was found not in substantial compliance with Title 11 Chapter 94.1: Storage And Handling of Food; Pharmaceutical Services; and Infection Control. Facility census: 26	4 000	MEDICARE CERTIFICATION	
4 159	11-94.1-41(a) Storage and handling of food (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage. This Statute is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to ensure perishable food and beverage items were stored at the proper temperature to prevent spoilage. As a result of this deficiency, residents are at risk of adverse physical reaction to ingesting potentially spoiled food and beverage items. Findings include: 1) On 01/12/22 at 10:45 AM, conducted an observation of the first-floor patient refrigerator located at the nursing station. The temperature	4 159	4 159 1. On 01/21/2022, the resident's refrigerator for 1st and 2nd floor located at the nursing station were both replaced. On 02/03/2022, the refrigerator temperature log was updated to reflect the acceptable range of less than or equal to 40 degrees Fahrenheit. 2. On 02/02/2022, the Director of Nursing, in-serviced all of the nursing staff of the acceptable temperature range for storing resident's snacks and supplements in the resident's refrigerator at the nursing station and the licensed nurse is to notify the maintenance supervisor if the refrigerator temperature falls out of the acceptable range. When the refrigerator temperature falls out of range, the resident's snacks and supplements will be transferred to another refrigerator with an acceptance range until the issue have been resolved. 3. On 02/10/2022, a facility wide in-serviced will be conducted to re-enforced the importance of monitoring and ensuring the resident's refrigerator at the nursing station is safe for storing resident's snacks and supplements and meets the recommended temperature of less than or equal to 40 degrees Fahrenheit. 4. On 02/22/2022, the Director of Nursing or designee will audit monthly that the resident's refrigerator at the nursing station is safe for storing the resident's snacks and supplements and meets the recommended temperature of less than or equal to 40 degrees Fahrenheit. Results will be submitted to QA each quarter.	01/21/2022 02/02/2022 02/10/2022 02/22/2022

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

02/10/2022

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4 159	Continued From page 1 of the thermometer was 42 degrees Fahrenheit (F) which is above the recommended (below 40 degrees F). On the inside back panel of the refrigerator and on the outside of the juice and ensure shakes bottles there was observable condensation. RN2 confirmed the temperature was above the recommended temperature and that condensation was present on the resident beverages and inside back panel of the refrigerator. During an interview with the DON and IP at 2:45 PM, both confirmed 42 degrees F was above a safe temperature of storing the resident's snacks and beverages. 2) On 01/12/22 at 11:03 AM, conducted an observation of the same refrigerator on the second-floor unit located at the nursing station. The refrigerator contained resident snacks and beverages. The temperature of the thermometer was 41 degrees Fahrenheit (F). RN1 confirmed the temperature of the refrigerator should be below 40 degrees F. Review of the temperature log documented on 01/8/22 at 05:00 AM the temperature was 41 degrees F and on 01/09/22 at 05:00 AM the temperature documented was 40 degrees F. During an interview with the DON and IP at 2:45 PM, both confirmed 40 degrees F was above a safe temperature of storing the resident's snacks and beverages.	4 159		
4 194	11-94.1-46(k) Pharmaceutical services (k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. This Statute is not met as evidenced by: Based on observations and interviews, the facility	4 194		

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4 194	Continued From page 2 failed to ensure medications were securely stored as evidenced by observation of two unlocked medication carts and no staff present. Findings include: On 01/12/22 at 10:50 AM, observed the medication cart on the first floor was unlocked and the Registered Nurse (RN)2 was not present in the area. The medication cart was located near a door that multiple disciplines use to exit the facility. At 10:52 AM, RN2 confirmed the medication cart should have been locked but was not. On 01/12/22 at 11:00 AM, observed the medication cart on the second floor of the facility was unlocked and unattended. At 11:10 AM, RN1 confirmed the medication cart was unlocked and attended and should have been locked. During an interview with the Director of Nursing (DON) on 1/13/22 at 11:00 AM, the DON confirmed the medication cart should be locked when staff is not accessing medication stored in the medication cart.	4 194	4 194 1. On 01/14/2022, the Director of Nursing checked medication cart for both 1st and 2nd floor are locked. Both medication carts were locked. 2. On 02/02/2022, the Director of Nursing in-serviced all licensed nurses on ensuring that all medication carts are locked at all times. Each new hired licensed nurses will be in-service on ensuring that medication cart is locked at all times. 3. On 02/10/2022, a facility wide in-serviced will be conducted to re-enforce on ensuring that licensed nurses keeps their medication cart locked at all times. 4. On 02/22/2022, the Director of Nursing or designee will audit monthly that medication carts are kept lock at all times. Results will be submitted to the QA meeting each quarter.	01/14/2022 02/02/2022 02/10/2022 02/22/2022
4 203	11-94.1-53(a) Infection control (a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste. This Statute is not met as evidenced by:	4 203	4 203 (1) 1. On 01/12/2022, RN1 was corrected to wipe down her face shield with an approved disinfectant wipe after exiting a COVID-19 positive resident's room. RN1 wiped down her face shield with an approved disinfectant wipe. 2. On 02/08/2022, the Director of Nursing in-serviced all of the nursing staff to ensure that face shield used to enter a COVID-19 positive resident's room is wiped down with an approved disinfectant wipe after exiting the room. 3. On 02/10/2022, a facility wide in-serviced will be conducted to re-enforce guidelines to staff providing care to the residents who are COVID-19 positive including wiping down face shield used to enter the COVID-19 positive resident's room. 4. On 02/22/2022, the Director of Nursing or designee will audit daily to ensure face shield used by staff to enter the COVID-19 positive resident's room is wiped down after exiting the room. Results will be submitted to the QA meeting each quarter.	01/12/2022 02/08/2022 02/10/2022 02/22/2022

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4 203	<p>Continued From page 3</p> <p>Based on observations, interviews, and record review, the facility failed to ensure policies and procedures were written, and appropriate infection control practices implemented for the prevention and control of infectious diseases.</p> <p>Findings include:</p> <p>1) On 01/12/22 at 11:59 AM, observed registered nurse (RN)1 enter and administer medications to a COVID-19 positive resident. After exiting the room, RN1 did not wipe down the face shield used in the COVID-19 positive room and entered another resident's room. Inquired with RN1 regarding the cleaning of his/her face shield after exiting the COVID-19 positive resident's room. RN1 confirmed the face shield should have been wiped with an approved disinfecting wipe after exiting the COVID-19 positive resident's room but did not disinfect the face shield prior to entering another resident's room.</p> <p>2) On 01/12/22 at 12:15 PM, observed RN2 inside of Resident (R)1's room without a face shield on. R1 (confirmed COVID-19 positive) was coughing (without a face mask) while RN1 was providing care and interacting with the resident. Inquired with RN2 if he/she should have worn a face shield into the room when providing care. RN2 stated that he/she did not have to don a face shield if he/she wore prescribed eyeglasses. Inquired with RN2 as to how the staff appropriately disinfects his/her glasses after exiting R1's room. RN2 stated that he/she did not and was unaware of what could be used to clean off his/her glasses.</p> <p>During an interview with the Director of Nursing (DON) and the Infection Preventionist (IP), they both confirmed that staff should wipe down their</p>	4 203	<p>(2)</p> <p>1. On 01/12/2022, the Director of Nursing followed up with RN1 and RN2 to make sure appropriate PPE is worn when entering a COVID-19 positive resident's room and a prescribed eye glasses will not be considered to provide eye protection. On 01/12/2022, the Director of Nursing informed the nursing staff to make sure to use the appropriate PPE - gown, gloves, N-95 mask, and face shield when entering a COVID-19 positive resident's room and a prescribed eye glasses will not provide eye protection.</p> <p>2. On 02/08/2022, the Director of Nursing and the IP in-serviced the nursing staff to review the guidelines to staff providing care to COVID-19 positive residents including to ensure that an appropriate PPE is worn when entering a COVID-19 positive resident's room</p> <p>3. On 02/10/2022, a facility wide in-service will be conducted to re-enforce the guidelines created to staff providing care to COVID-19 residents and to ensure all staff entering a COVID-19 positive resident's room has appropriate PPE.</p> <p>4. On 02/22/2022, the Director of Nursing or designee will conduct a daily audit to ensure that staff entering a COVID-19 positive resident's room is wearing appropriate PPE, gown, gloves, N-95 mask and the designated face shield. Results will be submitted to QA meeting each quarter.</p>	<p>01/12/2022</p> <p>02/08/2022</p> <p>02/10/2022</p> <p>02/22/2022</p>

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4 203	Continued From page 4 face shields after exiting a resident's room who is confirmed COVID-19 positive. Inquired as to how staff disinfects their personal eyeglasses. The IP and DON could not provide an answer and stated they had not thought about that and there was currently nothing in place to address staff disinfecting their personal eyeglasses. 3) On 01/12/22 at 2:15 PM, while conducting an interview with the DON and the IP, observed nurse aide (NA)1 enter R1's room with only a face shield and a facemask. R1 was confirmed positive with COVID-19 and placed on precautions that required staff don a gown and gloves in addition to the face shield and face mask. Shortly after informing the DON and IP of my observations, we walked down the hallway towards R1's room and observed NA1 exit R1's room with R1 (not wearing a mask) and enter a bathroom across the hall from R1's room. The DON and IP confirmed NA1 should have been wearing a gown and gloves when assisting R1 and R1 should have been wearing a mask when exiting his/her room to minimize the spread of COVID-19. 4) On 01/12/21 at 2:25 PM, observed a face shield hanging from the light fixture between room 8 and room 9 (confirmed COVID-19 positive resident) while conducting an interview with the DON and IP. The DON and IP confirmed that staff should not have hung the face shield on the light fixture between room 8 and room 9. 5) On 01/12/21 at 2:15 PM, conducted an interview with the DON and the IP regarding the facility's written infection control policies and procedures related to COVID-19. The DON and IP confirmed the facility did not have current policies and procedures written that reflects	4 203	(3) 1. On 01/12/2022, NA1 was corrected to ensure appropriate PPE was worn when entering a COVID-19 positive resident's room. Appropriate PPE includes gown, gloves, mask, and face shield. NA1 was also corrected to make sure R1 is wearing a mask when exiting his room to minimize the spread of COVID-19. 2. On 02/08/2022, the Director of Nursing in-serviced all of the nursing staff to review guidelines to staff providing care to COVID-19 positive residents including wearing an appropriate PPE when entering a COVID-19 positive resident's room. In addition, COVID-19 residents are encourage to remain in their room as much as possible to minimize the spread of COVID-19 and to make sure that COVID-19 resident is use mask when exiting in his/her room to minimize the spread of COVID-19. 3. On 02/10/2022, a facility wide in-serviced will be conducted re-enforce guidelines to staff providing care to COVID-19 positive residents including wearing an appropriate PPE when entering a COVID-19 positive resident's room and for COVID-19 positive resident exiting his/her room. 4. On 02/22/2022, the Director of Nursing or designee will conduct a daily audit to ensure an appropriate PPE is worn by staff when entering COVID-19 positive resident's room. The Director of Nursing or designee will also conduct a daily audit to ensure COVID-19 positive residents remains in their room or uses masks when exiting in his/her room. Results will be submitted to the QA meeting each quarter.	01/12/2022 02/08/2022 02/10/2022 02/22/2022	

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4 203	Continued From page 5 staff's current practices.	4 203	<p>(4)</p> <p>1. On 01/12/2022, the face shield hang on the light fixture outside of the room 8 and 9 was remove.</p> <p>2. On 02/08/2022, the Director of Nursing in-serviced all of the nursing staff to review the guidelines to staff providing care to COVID-19 positive residents including where to appropriately place the face shields designated for COVID-19 positive residents.</p> <p>3. On 02/10/2022, a facility wide in-service will be conducted to re-enforce guidelines to staff providing care to COVID-19 positive residents including to where to appropriately place designated face shields for COVID-19 positive residents.</p> <p>4. On 02/22/2022, the Director of Nursing or designee will audit daily to ensure designated face shields for COVID-19 positive residents are placed appropriately in the designated area. Results will be submitted to the QA meeting each quarter.</p> <p>(5)</p> <p>1. On 02/04/2022, the Director of Nursing and the IP completed the written COVID-19 policies and procedures of current practices.</p> <p>2. On 02/08/2022, the Director of Nursing reviewed the COVID-19 policies and procedures of current practices to all of the nursing staff.</p> <p>3. On 02/10/2022, a facility wide in-service will be conducted to review and to re-enforce the COVID-19 policies and procedures of current practices.</p> <p>4. On 02/22/2022, the Director of Nursing or designee will conduct a daily audit to ensure that COVID-19 policies and procedures of the facility is followed and implemented. Results will be submitted to the QA meeting each quarter.</p>	<p>01/12/2022</p> <p>02/08/2022</p> <p>02/10/2022</p> <p>02/22/2022</p> <p>02/04/2022</p> <p>02/08/2022</p> <p>02/20/2022</p> <p>02/22/2022</p>