Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Living	**CHAPTER 100.1**
Address: **3147 Kahiwa Place, Honolulu, Hawaii 96822**	**Inspection Date: June 9, 2022 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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** No documented evidence of Fieldprint background check for primary care giver and substitute care givers.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency was corrected. At the time of the inspection the copies of the caregivers fieldprint background check reports (which were conducted in December of 2021 and January of 2022) were misplaced. The paper copies were located and organized into the binder for caregiver records. Electronic copies/ scans of the fieldprint checks were made to be stored as a backup as well.	6-9-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** No documented evidence of Fieldprint background check for primary care giver and substitute care givers.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** After paper copies were located they were organized into the binder for caregiver records, we also made electronic copies/ scans of the fieldprint checks to be stored as a backup. In the future, we will always keep the fieldprint records where they can be easily accessible and stored with all other caregiver records. We will also scan the fieldprint background checks and save them in the computer as a backup copy. In order to remember to do this, I will put a reminder into my personal reminders on my phone, so I can check Fieldprint records are available at all times.	6-11-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: Unknown medication in ziplock bag labeled "take only if very agitated" in medication cabinet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, it was corrected. A pill was in a ziplock bag inside the a box that was labeled with resident's name, however; the bag it self was not labeled correctly with the resident's name or the Rx information including name and dosage. The substitute caregiver who put the medicine in the ziplock bag was reminded how to properly label and store medication. The primary caregiver has also set a reminder to check the medication cabinet more frequently to ensure proper storage and labeling. The medication in the ziplock bag was discarded.	6-9-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: Unknown medication in ziplock bag labeled "take only if very agitated" in medication cabinet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Our caregivers will be trained and will practice proper labeling and storage of medications. The primary caregiver has also set a reminder to check the medication cabinet more frequently to ensure proper storage and labeling.	6-9-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #2: Multivitamin bottle unlabeled in medication cabinet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes it was corrected. The multivitamin bottle had been delivered in the mail the day prior to the inspection and had mistakenly been placed inside of the medication cabinet without first being labeled. The multivitamins should have been labeled with the resident's name and the dosage. The multivitamin bottle was labeled correctly and placed with the resident's medications.	6-9-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #2: Multivitamin bottle unlabeled in medication cabinet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, no multivitamins will be placed into the medication cabinet without being labeled first. This rule was discussed with all caregivers and we will set reminders to check the medication cabinet frequently to ensure proper labeling and storage.	6-9-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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, #2: No physicians or APRN order for Calmoseptine ointment.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency was corrected. The ointment was not being used not to treat, but only to prevent any skin breakage. When purchasing this over the counter ointment online like we do other moisturizers, it had not occurred to the caregivers that this ointment requires a doctor's prescription. After speaking with the DOH nurse consultant, our caregivers were educated about the need for a physician's prescription. Only one resident uses this ointment, spoke to resident's physician and had ointment added to residents medications for use "as needed". We will continue to monitor the other resident and should we feel they could benefit from using Calmoseptine, we will also ask their physician for an Rx order.	6-14-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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, #2: No physicians or APRN order for Calmoseptine ointment.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** **In the future, we will ask resident's physician about any new over the counter products such as ointments, and to be sure to include them on the medications list and including physician's order and dosage instructions.** In order to remember to have physician's orders for OTC medication in the future, I have set a personal reminder in my phone reminders to check that all OTC medications are ordered by resident's physician.	6-14-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #2: No physicians or APRN order for Afrin nose spray.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, this deficiency was corrected. Residents wife brought him nasal spray she had purchased over the counter. We discussed with her that resident is not allowed access to medication that is not prescribed by his physician. After discussing with resident and his wife, they declined contacting the doctor for a prescription of the nasal spray and instructed caregivers to throw away nasal spray. Resident's wife stated her understanding and agreed she would not bring in any medications that were not prescribed by medications.	6-10-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #2: No physicians or APRN order for Afrin nose spray.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** **In the future, all medications must be prescribed by resident's physician. Our caregivers will remember to check medications to ensure all medications are prescibed by resident's physcian.** In order to remember to have physician's orders for OTC medication in the future, I have set a personal reminder in my phone reminders to check that all OTC medications are ordered by resident's physician.	6-10-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1: No documented evidence of progress notes from January 2022 to June 2022.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes the deficiency was corrected. At the time of the inspection the progress notes were not made available to the inspector as many had been retyped into the computer be easier to read (caregivers handwriting messy). The progress notes that had been on the computer were printed out into paper copies and placed into the resident's records.	6-9-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1: No documented evidence of progress notes from January 2022 to June 2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, progress notes will remain in the resident's binder and the rough draft will remain in the binder until the soft copy of typed up notes are printed out onto paper to replace it. Caregivers will set reminders to check that progress notes are placed into the resident's record binder in a timely fashion.	6-9-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: **FINDINGS** Resident #1, #2: Records not readily available for department review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes this deficiency was corrected. At the time of the inspection, primary caregiver was distracted from the daily routine due to having her son's birthday party event and had not made sure to have records on site. They were in the office located close to the care home but not inside of the normal location. Caregiver was able to give records to the nurse consultant but only after a delay. Primary caregiver has made sure to keep records readily available for department review in the future and has set reminders to be sure of it.	6-9-22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #2: No documented evidence of admission assessment.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes the deficiency was corrected. Admission assessment was made available to the inspector, but it was not readily available in the residents records, as it had been retyped into the computer be easier to read (caregivers handwriting messy).The admission assessment had since been and placed into the resident's records.	6-9-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #2: No documented evidence of admission assessment.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the admission assessment will remain in the resident's binder and the rough draft will remain in the binder until the soft copy of typed up notes are printed out onto paper to replace it. Caregivers will set reminders to check that the admission assessment is placed into the resident's record binder in a timely fashion.	6-9-22

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #2: No documented evidence of progress notes from January 2022 to June 2022.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes the deficiency was corrected. At the time of the inspection the progress notes were not made available to the inspector as they had been retyped into the computer to be easier to read (caregivers handwriting messy). The progress notes that had been on the computer were printed out into paper copies and placed into the resident's records.	6-10-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: 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. **FINDINGS** Primary care giver, Substitute care giver #1, Substitute care giver #2: No documented evidence of twelve (12) hours of continuing education courses.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes the deficiency was corrected. At the time of the inspection the training paperwork was misplaced despite twelve hours of training having been completed by the primary caregiver in October of 2021 and substitute caregivers in October-December of 2021. The paperwork was located for the caregivers that shows their certificates of completion for 12 hours of continuing education training. The copies of the certificates were placed inside the caregiver records binder.	6-11-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: 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. **FINDINGS** Primary care giver, Substitute care giver #1, Substitute care giver #2: No documented evidence of twelve (12) hours of continuing education courses.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The paperwork was misplaced originally because the caregiver records section of the ARCH home binder was quite large making the whole binder packed and the education/ training information was removed to put into a separate binder that was not readily available the time of inspections. Instead, we purchased much larger binder that has the space to fit all of the caregiver records into the ARCH care home binder. By keeping all records in one place, it will prevent caregiver training records from being misplaced in the future. We will also keep electronic back up copies of caregiver records and store them digitally.	6-12-22

Licensee's/Administrator's Signature: Valerie Roberts Valerie Roberts

Print Name: Valerie Roberts

Date: 7-6-22