

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Mana's Adult Care	<b>CHAPTER 100.1</b>
<b>Address:</b> 92-1177 Pueonani Street, Kapolei, Hawaii 96707	<b>Inspection Date:</b> September 15, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

22 OCT 13 10:00 AM  
STATE LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b> Substitute Care Giver (SCG) #1 and #2 – No initial/2 step tuberculosis clearance. No current annual tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">YES, PRIMARY CARE GIVER MADE DOCTOR APPT. FOR BOTH SUBSTITUTE CAREGIVER #1 + #2 FOR THEIR TB CLEARANCE DATED (9-30-2022) READING - (10-2-2022) 0mm</p> <p style="text-align: center;">SENDING A COPY OF #1 X-RAY RESULT AND #2 TB CLEARANCE RESULT.</p>	<p style="text-align: right;">22 OCT 13 AM 10 STAT STAT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 and #2 – No initial/2 step tuberculosis clearance. No current annual tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>AS A PRIMARY CARE GIVER, I WILL MONITOR AND CHECK ALL THE SUBSTITUTE REQUIREMENTS OF ALL CARE GIVERS AND TO DO A CHECKLIST TO REMIND MYSELF BEFORE IT'S DUE; ANNUALLY.</i></p>	<p style="text-align: right;">22 OCT 13 AM 10:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u>  Resident #1 – No label on Vitamin D3 1000IU bottle (over the counter)</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>YES, PCG LABELLED VITAMIN D3 1000IU BOTTLE (OVER THE COUNTER) ON (9-16-2022)</i></p>	<p style="text-align: right;">22 OCT 13 10 39 AM '22</p> <p style="text-align: right;">STATE OF  DEPT. OF  STATE HEALTH</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Medication was prepared in one week pill organizer. Sat, Fri, and Thu compartments contained three (3) pills each.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">YES PRIMARY CARE GIVER  REMOVED ONE WEEK PILL ORGANIZER COMPARTMENT CONTAINER OUT ON THE MEDICATION STORAGE (9-15-2012)</p>	<p style="text-align: right;">22 OCT 13 AM 109</p> <p style="text-align: right; font-size: small;">STATE OF  DELAWARE  STATE ATTORNEY</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Redness Relief eye drops left in bathroom medicine cabinet inside the resident's bedroom #3. Primary Care Giver (PCG) removed and secured it during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG WILL MONITOR AND CHECK DAILY ALL RESIDENTS MEDICINE CABINET ON THEIR BATHROOM AND TO RE-ASSURE THAT THERE'S NO EYE DROPS, MEDS. LEFT; THAT NOT BELONG TO THE RESIDENTS INSIDE THEIR BATHROOM CABINET.</p> <p>TRUCKED TO FAMILY MEMBERS AND SUBSTITUTE CARE GIVER NOT TO LEAVE ANY OF THEIR PERSONAL ITEMS INSIDE RESIDENTS BATHROOM MEDICINE CABINET.</p>	<p style="text-align: right;">22 OCT 13 18:08</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p><b><u>FINDINGS</u></b>            There were binders for each resident. However, most of the records for four (4) of the residents were kept in the same binder.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>PCG TRANSFERRED ALL (4) RESIDENTS RECORDS ON THEIR OWN BINDERS DATED (9-15-2022)</i></p>	<p style="text-align: right;">STATE OF CONNECTICUT            DEPARTMENT OF            SOCIAL SERVICES            22 OCT 13 10:08 AM</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p><b><u>FINDINGS</u></b> There were binders for each resident. However, most of the records for four (4) of the residents were kept in the same binder.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">PEG WILL MAINTAIN INDIVIDUAL RECORDS FOR RESIDENTS OWN BINDERS.</p> <p style="text-align: center;">PEG WILL CHECK MONTHLY RESIDENTS' <sup>RECORD</sup> BINDERS AT ALL TIMES IF ITS IN THE RIGHT RESIDENTS BINDERS.</p>	<p style="text-align: right;">22 OCT 13 18:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No admission assessment.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">22 OCT 13 18:08  STATE OF CONNECTICUT</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)            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:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u>            Resident #1 – No initial/2 step tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">YES, RES #1 FAMILY (DAUGHTER)            MADE APPT. TO TAKE HER            2nd STEP TB CLEARANCE            DATED 9/21/2022            RESULTING - 9/24/22 (NEG) &amp;            SENDING A COPY OF            HER TB CLEARANCE.</p>	<p style="text-align: right;">22 OCT 13 18:08</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u>  Resident #1 – No initial/2 step tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>PCG will make a checklist, notes + to monitor residents records of TB clearances before its due and to follow the departmental policies.</i></p>	<p style="text-align: right;">22 OCT 13 11:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><b><u>FINDINGS</u></b> Urine odor noted in residents' bedroom #1.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>PCG changed + cleaned Residents Bedroom #1 right away; changed beddings every usage of urinal.</i></p>	<p style="text-align: center;">22 OCT 13 AS JB</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Three (3) boxes of isolation gowns stored in resident's bedroom #2 closet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Yes, PCG removed 3 boxes of Isolation gowns in resident's Bedroom #2 closet the next day dated (9-16-2022).</i></p>	<p style="text-align: right;">22 OCT 13 11:08</p>

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Licensee's/Administrator's Signature: Arlene S. Mana

Print Name: ARLENE S. MANA

Date: 10-7-2022

Licensee's/Administrator's Signature: Arlene S. Mana

Print Name: ARLENE S. MANA

Date: 12-14-2022

STATE OF ARIZONA  
DEPARTMENT OF  
STATE LICENSING

22 OCT 13 48 PM