

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 30 & 31, 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.

22 SEP -6 P 2:08
 STATE OF HAWAII
 HEALTH
 STATE LICENSES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Metoprolol Succinate hold parameter states, “Hold for systolic blood pressure <100 or heart rate <60.” On 8/23/2022, resident’s heart rate was 56 beats per minute (bpm) and on 8/26/2022, resident’s heart rate was 54 bpm. Medication was administered both days and hold parameter was not followed as ordered.</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>	<p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATELICO@HHS.HAWAII.GOV 22 SEP -6 P2:08</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Metoprolol Succinate hold parameter states, “Hold for systolic blood pressure <100 or heart rate <60.” On 8/23/2022, resident’s heart rate was 56 beats per minute (bpm) and on 8/26/2022, resident’s heart rate was 54 bpm. Medication was administered both days and hold parameter was not followed as ordered.</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> <ol style="list-style-type: none"> 1. On 08/30/2022, the Director of Nursing (DON) updated the Metoprolol Succinate order for Resident #1 to include the blood pressure and heart rate in the supplementary documentation. The assigned medication aid staff will be prompt to enter the blood pressure and heart rate before the medication can be signed off and administered. 2. On 08/30/2022, the DON educated the assigned medication aid staff for Resident #1 on 08/23/2022 and 08/26/2022 on the hold parameter for the medication Metoprolol Succinate order. 3. On 08/31/2022, the DON conducted an in-service on Medication Orders and Administrations to medication aid staff to ensure that resident's blood pressure and heart rate are checked and documented and met the parameters prior to signing off and administering medications. 4. The nursing supervisor or the designee will review and audit all residents MAR every month to ensure all medication orders are administered as ordered. 	<p>08/30/2022</p> <p>08/30/2022</p> <p>08/31/2022</p> <p>08/31/2022</p>

08/31/2022
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – 7/1/2022 medication order for Furosemide = 20 mg orally once a day, hold for systolic blood pressure <100 or diastolic blood pressure <50. No documented evidence of blood pressures being taken prior to administration.</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>1. On 08/30/2022, the DON updated the Furosemide 20 MG order for Resident #2 to include the blood pressure and the heart rate in the supplementary documentation. The medication aid staff will be prompt to enter the blood pressure and the heart rate before the medication can be signed off and administered.</p> <p>2. On 08/31/2022, the DON conducted an in-service on Medication Orders and Administrations to medication aid staff to ensure that resident's blood pressure and heart rate are checked and documented and met the parameters prior to signing off and administering medications.</p>	<p style="text-align: right;">STATE OF HAWAII DON TERRY STATE LICENSE # 0000000000</p> <p style="text-align: right;">22 SEP -6 P 2:08</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – 7/1/2022 medication order for Furosemide = 20 mg orally once a day, hold for systolic blood pressure <100 or diastolic blood pressure <50. No documented evidence of blood pressures being taken prior to administration.</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>1. The nursing supervisor or designee is to double check and ensure that medication orders with parameters has a supplementary documentation included in the order.</p> <p>2. The DON or designee will review and audit the order listings daily in PCC (electronic health record system: PointClickCare) for received medication orders with parameters to ensure that orders are transcribed correctly and the supplementary documentation needed is added in the order.</p>	<p>08/31/2022</p> <p>08/31/2022</p>

STATE OF MARYLAND
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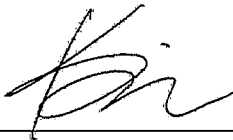
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Multiple bottles of Aspirin and Ibuprofen with 6/2022 expiration date found in stock medication cabinet.</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>1. On 08/31/2022, the Aspirin and Ibuprofen bottles with 06/2022 expiration date were discarded.</p> <p>2. On 08/31/2022, the administrative assistant checked all the medication bottles stored in the stock medication cabinet for any expired medications. Any expired medication bottle(s) found were discarded.</p>	<p>08/31/2022</p> <p>08/31/2022</p> <p style="text-align: right;">22 SEP -6 P 2:08</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSURE</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – 8/4/2022 order for Vitamin B12 = 1000 mcg orally once a day. 8/12/2022 order for Vitamin B12 = 100 mcg orally once a day. Medication administration record (MAR) for Vitamin B12 = 100 mcg orally once a day. Medication label for Vitamin B12 = 1000 mcg orally once a day. Medication order and MAR do not match the medication label.</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>1. On 08/30/2022, the DON corrected and updated the dosage order for Vitamin B12 order for Resident #1.</p> <p>2. On 08/31/2022, the DON conducted an in-service on Medication Orders and Administrations to medication aid staff to ensure that medication orders transcribed on MAR matched with the label on the medication on hand. The medication aid staff is to alert the nursing supervisor immediately for any discrepancy noted on the medication order transcribed on MAR against the label on the medication on hand.</p>	<p>08/30/2022</p> <p>08/31/2022</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LABORATORY</p> <p style="text-align: right;">22 SEP -6 P 2:03</p>

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Licensee's/Administrator's Signature: 

Print Name: Kevin Wu

Date: 08/31/2022

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STATE OF NEW YORK
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