

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Elder Care, L.L.C.	CHAPTER 100.1
Address: 2870 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: January 11 & 12, 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.

STATE OF HAWAII
DEPARTMENT OF
HEALTH
STATE LICENSING

22 FEB 24 P 2:16

	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><u>FINDINGS</u> SCG #1 and SCG #2 – No annual tuberculosis clearance as clearances were not signed by a physician or APRN.</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> <hr/> <p style="text-align: center;">Requested for PCP to sign annual TB clearance. Received signed documents for both SCGs.</p>	<p style="text-align: center;">2/21/22</p> <p style="text-align: right;">22 FEB 24 P 2:16</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</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><u>FINDINGS</u> SCG #1 and SCG #2 – No annual tuberculosis clearance as clearances were not signed by a physician or APRN.</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> <hr/> <p>Educated both nurses that for staff qualifications regarding the Annual TBs, staff must have signed DOH TB Clearance Form along with their current annual TB Results. Human Resources to audit quarterly to ensure accuracy and completion of staff qualifications.</p>	<p style="text-align: right;">2/21/22 + ongoing</p>

STATE OF MARYLAND
DOH-002-A
STATE LICENSING

22 FEB 24 P2:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Medications not reevaluated and signed every four (4) months (7/23/2021 and 12/14/2021).</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: center;">.22 FEB 24 P2:16</p> <p style="text-align: center;">STATE OF HAWAII HONOLULU STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Medications not reevaluated and signed every four (4) months (7/23/2021 and 12/14/2021).</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 style="text-align: center;">Educated house nurses to double check and verify resident's MARs are reconciled and signed by PCP every 4 months. Nurse to ensure each page of the MAR is signed and dated. Nurse Managers to audit quarterly for accuracy.</p>	<p style="text-align: right;">2/21/22 + ongoing</p> <p style="text-align: right;">22 FEB 24 P 2:16</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHHS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of resident's possessions not current. Last updated January 2019.</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;">Inventory completed on 1/29/2022.</p>	<p style="text-align: center;">2/21/22</p> <p style="text-align: right;">22 FEB 24 P2:16</p>

STATE OF MAINE
 DEPARTMENT OF
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of resident's possessions not current. Last updated January 2019.</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> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Re-educated the HS and house nurses to complete resident inventory sheet annually. Nurse Manager to audit charts quarterly.</p> </div> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> </div>	<p style="text-align: center;"><i>2/21/22</i> <i>& ongoing</i></p> <p style="text-align: center;">22 FEB 24 P 2:16</p>

Licensee's/Administrator's Signature: *[Handwritten Signature]*

Print Name: Lora Garcia

Date: 2/21/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 FEB 24 P2:16