

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care B	CHAPTER 100.1
Address: 2240 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: March 29 & 30, 2023 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.

23 APR 25 P2:34
STATE OF HAWAII
DEPARTMENT OF HEALTH
COMMUNITY CARE LICENSING DIVISION

	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><u>FINDINGS</u> Resident #1 – Melatonin 3 mg, take 1 tab by mouth daily with dinner, ordered on 4/27/2022 and signed 4/29/2022; however, medication did not appear on medication administration record (MAR), subsequent physician order forms, and was not discontinued by the physician.</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>	

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<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1 – Lidocaine order from 11/29/2022 states, “Lidocaine 4% topical patch – apply 1 patch to affected area up to 4 times daily as needed for pain – leave for up to 8 hours within 24-hour period.” Discontinue/clarification order received 1/24/2023 – nearly two (2) months after unclear order was first received.</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 DIGI-ONVA STATE LICENSING</p> <p style="text-align: right;">23 APR 26 P2:34</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> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of annual tuberculosis (TB) clearance.</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> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>The physician's office was contacted on 3/30/23, and documentation was faxed to the care home for annual tuberculosis (TB) clearance. TB clearance was done on 1/17/23, but the documentation was not received. Once received on 3/30/23, documentation was placed in the residents' chart and documented on the tracking form.</p> </div>	<p style="text-align: right; font-size: 1.5em; font-family: cursive;">03/30/23 W</p> <p style="text-align: right; font-size: 1.2em;">'23 APR 26 P2:33</p> <p style="text-align: right; font-size: 0.8em; font-weight: bold;">STATE OF HAWAII DOH-OSHA STATE LICENSING</p>

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Licensee's/Administrator's Signature: _____

Joanna Victor

Print Name: _____

JOANNA VICTOR

Date: _____

4/19/23

23 APR 26 P 2:33

STATE OF HAWAII
DOH-985A
STATE LICENSING