

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care, L.L.C.	CHAPTER 100.1
Address: 2872 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: January 11 & 12, 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.**

**JAN 31 2023**

	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><b><u>FINDINGS</u></b>  Resident #1 – Losartan Potassium ordered 11/8/2022 = “25 mg 1 tab orally twice daily as needed with routine order for SBP &gt; 180. No medication bottle or blister pack available with as needed order directions.</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> <div style="border: 1px solid black; padding: 10px; margin: 20px auto; width: 80%;"> <p>To correct the deficiency, the staff called the resident's physician to get a prescription sent to the pharmacy with as-needed order directions. At the time of the conversation, the resident's PCP discontinued the PRN Losartan Potassium on 1/17/23.</p> </div>	<p style="text-align: right; font-size: 2em; font-family: cursive;">1/17/23 W</p>

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☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (c)  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b>FINDINGS</b>  Resident #2 – In the beginning of October 2022, the resident's blood pressure (BP) was elevated almost every other day; however, the physician wasn't notified until October 17.  10/2 = 175/89  10/4 = 185/83  10/6 = 195/83  10/10 = 189/94  10/12 = 181/91  10/16 = 182/102  10/17 = 191/85</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>	

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☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (c)            The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b>            Resident #2 – In the beginning of October 2022, the resident's blood pressure (BP) was elevated almost every other day; however, the physician wasn't notified until October 17.            10/2 = 175/89            10/4 = 185/83            10/6 = 195/83            10/10 = 189/94            10/12 = 181/91            10/16 = 182/102            10/17 = 191/85</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> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>To ensure that a resident's elevated blood pressure is reported to the physician promptly, PCG will update the policy and procedure to notify the physician if blood pressures are low or high for more than three days in one week. DON/ADON/NM will do random and periodic audits to ensure changes in blood pressure are being reported to the physician in a timely manner</p> </div>	<p><i>in ongoing</i></p>

Licensee's/Administrator's Signature: \_\_\_\_\_

*Joanna Victor*

Print Name: \_\_\_\_\_

Joanna Victor

Date: \_\_\_\_\_

11/25/2023

**JAN 31 2023**