

Office of Health Care Assurance

24 OCT - 01:19

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Living	CHAPTER 100.1
Address: 3147 Kahiwa Place, Honolulu, Hawaii, 96822	Inspection Date: June 18, 2024 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver #3: No documented evidence of annual physical exam.</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;">Yes, caregiver obtained physical exam on 6/19/2024 and it is now on file.</p>	<p style="text-align: center;">6/19/2024</p> <p style="text-align: right; font-size: small;">24 JUN 20 01:58 5810 1-00 WZ</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver #3: No documented evidence of annual physical exam.</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>The primary caregiver had repeatedly reminded the caregiver to have the exam completed for one month prior, and it had taken her some time to get her doctor's appointment scheduled for her exam.</p> <p>Caregiver had also been on vacation in prior weeks and was not yet returned to work at the care home. If documentation is missing primary caregiver will make it mandatory caregiver cannot return to work without it.</p> <p>We will set an alarm and reminder 3 months prior to the one year exam date. For example, this year her exam was 6/19/24.</p> <p>We will remind her in March 19, 2025 to start the process of contacting her doctor to schedule her annual exam to ensure it is completed in the appropriate time.</p> <p>We will set reminders to give the 3 month notice to all of our caregivers and make sure to follow up with them to be sure they are in fact scheduled and will have their physical exam completed annually.</p>	<p>6/20/2024</p> <p style="text-align: right;">24 001-4 P1 109</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> Substitute care giver #3: No documented evidence of annual tuberculosis 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> <p>Yes, caregiver obtained TB clearance on 4/17/2024 and it is now on file.</p>	<p>6/19/2024</p> <p style="text-align: right;">24 DOT - 4 P. 109</p>

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<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> Substitute care giver #3: No documented evidence of annual 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;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The primary caregiver had repeatedly reminded the caregiver to have the exam completed for one month prior, to give her a copy of her TB clearance form F . Caregiver had her TB screening completed in April but failed to give a copy for primary caregiver to put in her files.</p> <p>Caregiver had also been on vacation in prior weeks and was not yet returned to work at the care home. If documentation is missing primary caregiver will make it mandatory caregiver cannot return to work without it</p> <p>We will set an alarm and reminder 3 months prior to the one year expiration of TB clearances. For example, this year her TB clearance was 4/17/24.</p> <p>We will remind her in January 17, 2025 to start the process of contacting her doctor to schedule her annual TB skin test/ clearance to ensure it is completed in the appropriate time.</p> <p>We will set reminders to give the 3 month notice to all of our caregivers and make sure to follow up with them to be sure they are in fact scheduled and will have their tuberculosis clearance completed annually.</p>	<p style="text-align: center;">6/20/2024</p> <p style="text-align: right;">24 001-9 P 1149</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Substitute care giver #3: No documented evidence of cardiopulmonary resuscitation certificate.</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;">Yes, caregiver obtained CPR certificate on 11/16/2023 and it is now on file.</p>	<p style="text-align: center;">6/20/24</p> <p style="text-align: right; font-size: small;">24 001 - 9 01 25 STATE</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS Substitute care giver #3: No documented evidence of cardiopulmonary resuscitation certificate.</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>The primary caregiver had repeatedly reminded the caregiver to have the exam completed for one month prior, to give her a copy of her CPR certificate</p> <p>Caregiver had her CPR certificate completed but failed to give a copy for primary caregiver to put in her files.</p> <p>Caregiver had also been on vacation in prior weeks and was not yet returned to work at the care home. If documentation is missing primary caregiver will make it mandatory caregiver cannot return to work without it</p> <p>We will set an alarm and reminder 3 months prior to the expiration of CPR certificates. For example, is year her CPR certificate will expire in November 2025.</p> <p>We will remind her in August 1st, 2025 to start the process of renewing her CPR training to be sure her certificate is completed in the appropriate time and a copy is given to primary caregiver to put on file.</p> <p>We will set reminders to give the 3 month notice to all of our caregivers and make sure to follow up with them to be sure they are in fact scheduled and will have their CPR certificate completed and on file.</p>	<p>6/20/2024</p> <p style="text-align: right;">STATE OF MICHIGAN 24 OCT -9 21 PM '0</p>

	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> Resident #2: medication unlocked in refrigerator.</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>Yes, the medication was removed from the unlocked refrigerator and placed in a mini refrigerator located inside of the locked cabinet.</p>	<p>6/18/2024</p> <p style="text-align: right;">24 001 - A 01:50</p>

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<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>FINDINGS Resident #1: Medications pre-poured in medication cup for the day.</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>Yes, pre-poured medication was removed and afterwards all medications are now taken directly from the medication bottle or punch pack at the time when the resident should take it, no longer pre-poured.</p>	<p>6/18/2024</p> <p style="text-align: right;">24 JUN -9 PM 50</p>

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Licensee's/Administrator's Signature: Valerie Roberts

Print Name: Valerie Roberts

Date: 7/28/2024

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24 OCT -9 11:50