Office of Health Care Assurance

State Licensing Section

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 21, 2025 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #2- Label does not match physician's orders for the following medications: • Mepilex: Label: Apply mepilex foam dressing PRN open area on buttock; Order: Apply topically to buttocks once daily as needed for open area • Furosemide 40 mg: Label only included standing order, no additional order for PRN • Polyethylene Glycol: Label only included standing order, no additional order for PRN • Systane Eye Drops: Label only included standing order, no additional order for PRN	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *See emailed attachments "Resident #2 med labels".	04/02/2025

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #2- Label does not match physician's orders for the following medications: • Mepilex: Label: Apply mepilex foam dressing PRN open area on buttock; Order: Apply topically to buttocks once daily as needed for open area • Furosemide 40 mg: Label only included standing order, no additional order for PRN • Polyethylene Glycol: Label only included standing order, no additional order for PRN • Systane Eye Drops: Label only included standing order, no additional order for PRN	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon order retrieval, nurses are to fax order to Pharmacare if resident utilizes Pharmacare services. Pharmacare ensures both routine and PRN orders are located on medication as applicable. *Upon receipt of that medication, nurses are to ensure that label matches MAR which matches order. *For any discrepancies, label is to have a green sticker noting that order has changed and with order date. *For any over the counter medication brought in by family, nurses are to check order, label, and MAR to ensure all match. *Label is to be handwritten in pen with resident name, drug, dose, route, and time. If over the counter is both a routine and PRN medication, both labels will be placed. *In addition, nurse management performs weekly house visits, during this random audit/inspection to occur for medication labels/orders. This is tracked via Teams.	04/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 1/28/25 states "Enema Ready-To-Use Insert 1 rectally as needed if no bowel movement for 4 days"; however, medication unavailable for administration	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Order discontinued as resident no longer needs. See emailed attachment "Resident #1 DC Med".	04/02/2025

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☒	§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. **FINDINGS** Resident #1 – Physician's order dated 1/28/25 states "Enema Ready-To-Use Insert 1 rectally as needed if no bowel movement for 4 days"; however, medication unavailable for administration	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *When medication ordered, nurses to monitor for medication supply. If medication does not arrive or does not have confirmation of arriving, nurses to follow up with resident's pharmacy. *In addition, nurses are to perform medication reorder on Saturdays. Plan for reorder is to utilize MAR and medication supply to request medications. *Lastly, management performs weekly visits to home. In this visit, random audits are to occur of medications/orders. This is to ensure that all resident care aspects such as orders/medications are correct and in place. This is tracked via Teams.	04/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1 – Letter "E" used on MAR, however, abbreviation legend unavailable for review Resident #2 – Initials used on MAR without names and symbols without legend to explain from 9/2024 to 2/2025. Submit a copy of abbreviation legend with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Legend created for all Care Home MARs, see attachment "MAR Key". *Legend for caregiver initials created in MAR legend. If caregiver gives resident medications for the first time for any resident in the MAR, signature and initials to be placed on document. Document to be ongoing.	04/02/2025

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☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1 – Letter "E" used on MAR, however, abbreviation legend unavailable for review Resident #2 – Initials used on MAR without names and symbols without legend to explain from 9/2024 to 2/2025. Submit a copy of abbreviation legend with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Legend for abbreviations and caregiver names to be placed in the front of all Care Home MARs for quick reference by staff members. *Upon first time giving medications in that home, caregiver is to sign off that they have acknowledged and are giving medications to a resident in that specific Care Home. *Document is to be ongoing.	04/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG – Only 6.6/12 hours of continuing education completed Submit evidence of 5.4 hours of continuing education completed with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG completed continuing education requirements, see emailed attachment.	04/17/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG – Only 6.6/12 hours of continuing education completed Submit evidence of 5.4 hours of continuing education completed with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** DON to send out biannual education requirements once in January and once in July to ensure to ensure all material is accessible to all staff for completion by end of year. *Throughout year on Office Day, DON/nurse management team to look on google drive and track who has completed and who has yet to complete required education. This will be done by printing staff list and highlighting those completed. *Quarterly, nurse management team to assess thorough and send out reminder email for staff to complete the biannual education requirements and further track progress. *Once a completion is noted on google drive, nurse management to copy that completion and place in file and on Qualification iPad for DOH/management to access as proof of completion. This will go onto their ongoing education document made upon hire.	04/14/2025

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 04/17/2025