

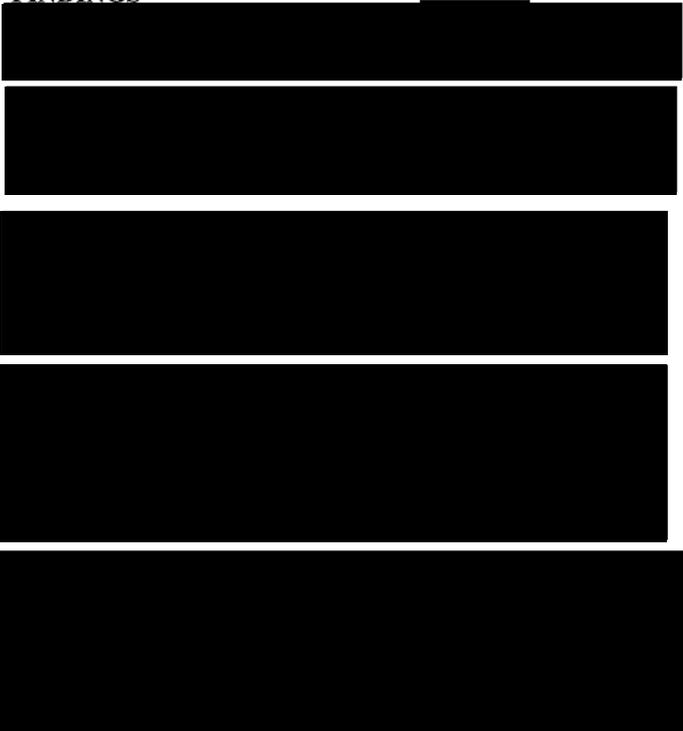
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maestro Care Home	CHAPTER 100.1
Address: 613 Hoohale Street, Pearl City, Hawaii 96782	Inspection Date: June 3, 2015 Annual

	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>FINDINGS</p> <div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 20px;"></div>	<i>pls. see attached</i>	<i>6/15/15</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed</p>	<i>pls. see attached</i>	<i>6/8/15</i>

	<p>medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No documentation of training for SCGs to “crush crushable medication.” Medications are being crushed.</p>		
<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> </p>	<p><i>Pls. see attached</i></p>	<p><i>6/8/15</i></p>

	<p>2. [REDACTED]</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS [REDACTED] Related charges were not specified in the admission agreement.</p>	<p><i>Pls. see attached</i></p>	<p><i>6/5/15</i></p>

Licensee/Administrator's Signature: _____

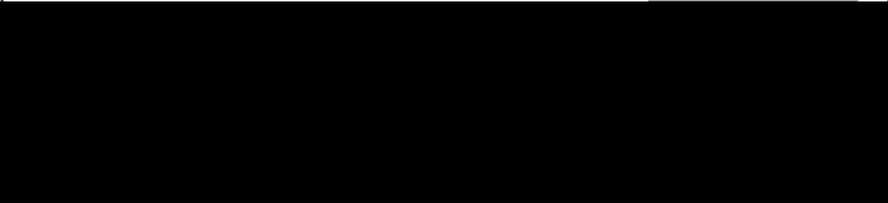
Print Name: Analia D. Maestro

Date: 7/16/15

Facility Name: Maestro Care Home	Chapter 100.1
Address: 613 Hooahale St, Pearl City, HI 96782	Inspection Date: June 3, 2015

Rules (Criteria)	Plan of Corrections:	Date of Completion
§ 11-100.1-9 Personnel, staffing and family requirements. .If 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.	[Redacted]	6/15/2015
	[Redacted]	7/1/2015
	Future plan: PCG developed a new hire checklist prior to employment which includes: -Copy of current Physical Examination (PE) -Copy of 2 step PPD clearance or Clearance signed by Physician/APRN/RN for Screening for symptoms of TB if had positive PPD result -Copy of current First Aid/CPR certificates and other certificates or trainings	
	Plan of Corrections: [Redacted]	6/5/2015


 ANALIA D. MAESTAS - PCG

	<p>Future plan: PCG will attach PE form along with the Screening for Symptoms with PTB for SCGs and House members who had positive TB test results. PCG will review both documents before filing. Incomplete document will be send back to individuals for them to complete by their Doctors.</p>	
<p>§ 11-100.1-9 Personnel, staffing and family requirements.) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and record properly such action.</p>	<p>Plan of correction: </p>	<p>6/8/2015</p>
	<p>Future Plan: PCG will train all SCG the proper medication administration which includes different methods of assiting with medications: ex. cutting, crushing. PCG will specify which medications are non crushable and crushable and will also indicate in MAR C- for Crushable and NC- for Non crushable. PCG will request an order from resident's doctor if there is a liquid oral form of medication for any individual with difficulty of swallowing.</p> <p>PCG will also provide visual aids (ex. Instilling eye ointment) and handouts in proper medication administration that can be easily accessible by all SCG. PCG will document all trainings in PCG and SCG training list.</p>	



§ 11-100.1-5 Medications.

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

Plan of Correction:

[Redacted]

Future plan: PCG will only include final discharge medications in MAR and will set an appointment with resident's doctor for medication reconciliation.

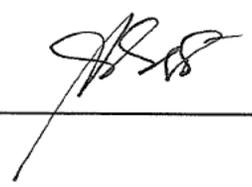
[Redacted]

Future plan: PCG will ensure that doctor's order matches MAR and on medication label, will check for strength, dose, frequency, and route. PCG will call resident's doctor with any discrepancies and incomplete medication orders.

[Redacted]

Future plan: PCG will ensure that doctor's order matches MAR and on medication label, will check for strength, dose, frequency, and route. PCG will call resident's doctor with any discrepancies and incomplete medication orders.

6/8/2015



[REDACTED]

Future plan: PCG will ensure that doctor's order matches MAR and on medication label, will check for strength, dose, frequency, and route. PCG will call resident's doctor with any discrepancies and incomplete medication orders.

[REDACTED]

Future plan: PCG will ensure that MAR has been initialed after medication administration by care givers. PCG will obtain an order for new medications coming from other facility or resident's family member and will ensure that MAR is updated and correlates with resident's doctor's order. PCG will enter all current medications in Physician's Order and will have Resident's Doctor review and sign for every resident's office visits. In addition to Physician's Order, PCG will obtain a signature from resident's Doctor within 10 days for all verbal order and telephone order.

[Handwritten signature]
10/25

11-100.11-21 Resident's and primary care givers' rights and responsibilities. (a)(1) Resident's right and responsibilities:
Written policies regarding the rights and responsibilities of residents during the stay in the Type 1 ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request.
The Type I ARCH policies and procedures shall provide each individual admitted shall:
be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;

Plan of Correction:

[Redacted]

Future plan: PCG will add fee charges on Resident's Admission checklist and will place a note to make a reminder to self in filling any blanks in Policies and Procedures Agreement. A copy will be provided to Resident or Resident's Legal representative.

6/5/2015

[Handwritten signature]

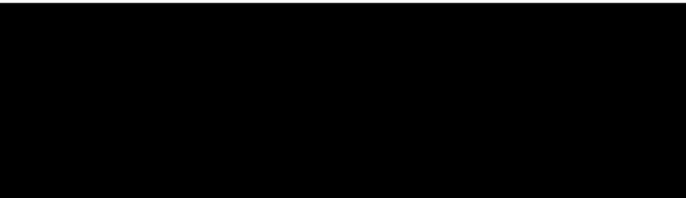
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	See attached.	6/15/15 ; 7/1/15 6/13/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed</p>	See attached.	6/13/15

	<p>medications available to residents and properly record such action.</p> <p>FINDINGS No documentation of training for SCGs to "crush crushable medication." Medications are being crushed.</p>		
<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     </p>	<p><i>See attached.</i></p>	<p><i>3/5/15:</i> <i>6/8/15</i> <i>6/8/15</i> <i>6/8/15</i> <i>6/10/15</i></p>

	<div style="background-color: black; width: 100%; height: 100%;"></div>		6/8/15
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS <div style="background-color: black; width: 100%; height: 1em; display: inline-block;"></div> Related charges were not specified in the admission agreement.</p>	See attached.	6/13/15

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

§ 11-100.1-9 Personnel, staffing and family requirements (b):

I will make sure that I have the copy of above complete employment documents before new SCG starts their employment.

I will give a blank copy of PE form along with the Screening for Symptoms with PTB for SCGs and house members who are due for PE and who had positive TB test results. I will review both documents before filing. Incomplete document will be send back to individuals for them to complete by their doctors.

§ 11-100.1-9 Personnel, staffing, and family requirements (e)(4):

To prevent this from happening again, if there will be changes in resident's medication instructions, I will train all SCG the proper medication administration that includes different methods of assisting with medications: ex. I will specify which medications that have special instructions, ex. and will also indicate in MAR and . Also, I will request an order from resident's doctor for an availability of form of medication for any residents with difficulty of swallowing. In addition in training SCGs, I will provide visual aids (ex. Instilling eye ointment) and handouts in proper medication administration that can be easily accessible by all SCG. I will document all trainings in PCG and SCG training list.

§ 11-100.1-5 Medications (e):

To prevent this from happening again, I will only include final hospital discharge medications in MAR and I will set a post discharge appointment with resident's doctor for follow up and medication reconciliation.

To prevent this from happening again, I will ensure that doctor's order matches MAR and on medication label, will check for resident's name, medication name, strength, dose, frequency, and route.

I will contact resident's doctor to obtain corrections with any discrepancies and incomplete medication orders.

[REDACTED]

To prevent this from happening again, I will ensure that doctor's order matches resident's MAR and on medication label, I will check for resident's name, medication name, strength, dose, frequency, and route. I will contact resident's doctor to obtain corrections with any discrepancies and incomplete medication orders.

[REDACTED]

To prevent this from happening again, I will ensure that MAR has been initialed after medication administration by care givers. I will obtain an order from resident's doctor for new medications coming from other facilities/hospitals or resident's family member and will ensure that MAR is updated and correlates with resident's doctor's order. I will enter all current medications in Physician's Order and will have Resident's doctor review and sign for every resident's office visits. In addition to Physician's Order, I will obtain a signature from resident's doctor within 10 days for all verbal order and telephone order.

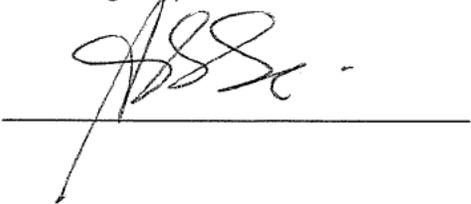
[REDACTED]

To prevent this from happening again, I will obtain an order from resident's doctor for new medication instructions and changes coming from other facility or resident's family member and will ensure that MAR is updated and correlates with resident's doctor's order. I will enter all current medications in Physician's Order and will have Resident's doctor review and sign for every resident's office visits. In addition to Physician's Order, I will obtain a signature from resident's doctor within 10 days for all verbal order and telephone order.

§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) [REDACTED]

[REDACTED]

To prevent this from happening again, I will add fee charges on Resident's Admission checklist and will place a note to make a reminder to self in filling any blanks in Policies and Procedures Agreement. A copy will be provided to Resident or Resident's Legal representative.



A handwritten signature in black ink is written over a horizontal line. The signature is stylized and appears to be 'JSSC'.

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed</p>		

<p>medications available to residents and properly record such action.</p> <p>FINDINGS No documentation of training for SCGs to "crush crushable medication." Medications are being crushed.</p>	<p>See attached</p>	<p>6/3/15</p>
<p><input checked="" type="checkbox"/> §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>FINDINGS</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>See attached</p>	<p>3/5/15</p> <p>6/8/15</p> <p>6/8/15</p> <p>6/8/15</p> <p>6/3/15</p>

	<p>2. [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS [REDACTED] Related charges were not specified in the admission agreement.</p>	<p>See attached</p>	<p>6/8/15</p>

Licensee/Administrator's Signature: _____

Print Name: ANALIA D. MAESTRO

Date: 9/30/15

§ 11-100.1-9 Personnel, staffing and family requirements (b):

[REDACTED]

To prevent this deficiency from recurring, I made a checklist for employment prerequisites, at least 2 week before employment starts, SCG is required to submit documents including proof of 2-step TB clearance unless completed within the past year, or to submit proof of positive PPD and chest xray result stating that the individual is cleared from tuberculosis. PCG will review the documents, incomplete documents will not be accepted and can delay schedule of work.

[REDACTED]

To prevent this deficiency from recurring, at least 2 months before PE expiration, PCG will provide PE form along with the questionnaire for Tuberculosis Risk Assessment and Attestation Screening so it will be done at the same time. When SCG or HM submits their signed documents by their doctors, both SCG or HM and PCG will thoroughly review the forms. Incomplete document will be send back to individuals for them to complete by their doctors.

§ 11-100.1-9 Personnel, staffing, and family requirements.(e)(4):

[REDACTED]

To prevent this deficiency from recurring, any changes in resident's medication instructions, I will provide a training for SCGs the proper medication administration and different methods of assisting medication: ex [REDACTED] In MAR, PCG will add a symbol that is written with a black marker after a medication name. Ex. [REDACTED]

[REDACTED] I will request an order from resident's doctor for an availability of liquid oral form of medication for any resident's with [REDACTED]. Training handouts and visual aids will be place to where SCGs can easily access and can use as a resource (ex. Instilling eye ointment). I created a sign up sheet that will be signed by both, SCG who received the training and PCG who will provide the training. PCG will annually reevaluate SCGs nursing skills or as needed.

§ 11-100.1-5 Medications.(e):

[REDACTED]

In the future, before admitting a resident, PCG will review final hospital discharge medications with the discharge nurse and will not include discontinued medication/s in resident's MAR. PCG will set post discharge appointment with resident's doctor for follow up and medication reconciliation. MAR will be updated if there is a new doctor's order.

[REDACTED]

In the future, PCG will cross check doctor's order with medication bottle label and MAR. I will ask my SCG to review with me, to avoid this mistake from happening again. We will check for resident's name, medication name, strength, dose, frequency, and route. I will contact resident's doctor to obtain corrections with any discrepancies and incomplete medication orders.

[REDACTED]

To prevent this deficiency from recurring, PCG will cross check doctor's order if matches MAR and medication label. I will also ask my SCG to review with me and check for resident's name, medication name, strength, dose, frequency, and route. I will contact resident's doctor to obtain corrections for any discrepancies and incomplete medication orders.

[REDACTED]

In the future, PCG and SCG will cross check doctor's order if matches MAR and medication label. I will also ask my SCG to review with me and check for resident's name, medication name, strength, dose, frequency, and route. I will contact resident's doctor to obtain corrections for any discrepancies and incomplete medication orders.

[REDACTED]

To prevent this deficiency from recurring, PCG will indicate in MAR the date & time of medication application and time of removal if needed. PCG will train all care givers in proper documentation when administering medication. PCG will obtain a signature from resident's doctor within 10 days for all verbal order and telephone order.

[REDACTED]

In the future, before admitting a resident I will verify any special medication instruction with the discharge nurse and will request a written order from resident's physician. PCG will postpone admission until complete documents received. PCG will contact resident's doctor to schedule post hospitalization and medication reconciliation. PCG will bring prewritten medication order in Physician Notes on the day of visit to review and update by the resident's doctor. PCG will update MAR as soon as there is a new doctor's order.

§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C):

[REDACTED]

To prevent this deficiency from recurring, I will add fee charges on Resident's Admission checklist and will place a note to make a reminder to self in filling any blanks in Policies and Procedures Agreement. A copy will be provided to Resident or Resident's Legal representative after both party signed or agreed.