

Office of Health Care Assurance



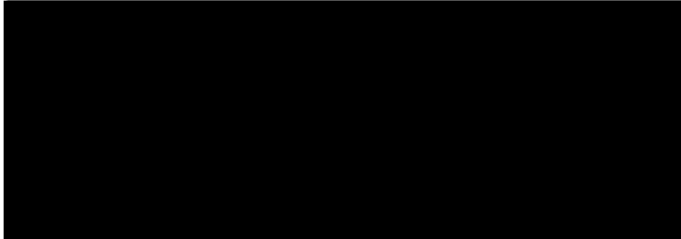
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

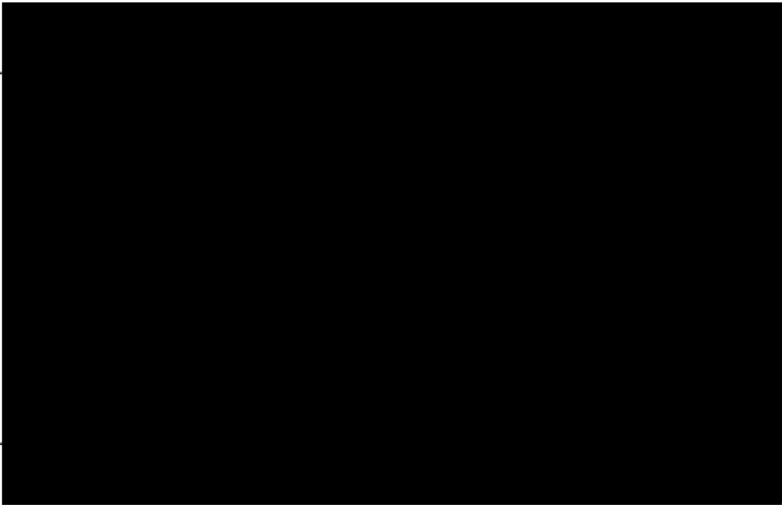
Facility's Name: Magsanide's Care Home, L.L.C.	CHAPTER 100.1
Address: 1439 Middle Street, Honolulu, Hawaii 96819	Inspection Date: May 15, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS [REDACTED]</p>	<p>I keep in my mind to get a doctor's order for every supplement before administration.</p>	5-15-15
<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>FINDINGS 1) [REDACTED]</p>	<p>I will follow the 5 Rights of administering meds & to always read & double check the order. match c MAR & labels</p>	5-15-15

	<ul style="list-style-type: none"> • [REDACTED] • [REDACTED] <p>2) [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS [REDACTED] resident emergency information sheet, medication list not current.</p>	<p>I will update the MAR & emergency information sheet right away the minute there's new MD's order or changes of medications.</p>	<p>5-15-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p>	<p>I have to remind my case manager to train caregivers on admission day to have documentation on the folder the same day.</p>	<p>5-15-15</p>

	<p>FINDINGS</p> 		
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>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.</p> <p>FINDINGS</p> 	<p>I will put in my calendar 6-1-15 that I should have at least 1 hr of CE every month.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p>FINDINGS</p> 	<p>To eyeball that admission papers are complete by comparing it with the admission checklists before I admit a client</p>	<p>5-15-15</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p>FINDINGS</p> <div style="background-color: black; height: 20px; width: 100%;"></div>
-------------------------------------	--



Licensee/Administrator's Signature: Editha Magsaride
Print Name: EDITHA MAGSARIDE
Date: 6-4-15

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Magsanide's Care Home, L.L.C.	CHAPTER 100.1
Address: 1439 Middle Street, Honolulu, Hawaii 96819	Inspection Date: May 15, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS [REDACTED]</p>	[REDACTED]	5-16-15
<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>FINDINGS 1) [REDACTED]</p>	[REDACTED]	<p>RECEIVED 15 JUN 26 P1:37 STATE OF HAWAII DEPARTMENT OF HEALTH</p>

	<ul style="list-style-type: none"> • • <p>2) [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS [REDACTED]</p>	[REDACTED]	5-16-15
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p>	[REDACTED]	

	<p>FINDINGS</p> <p>[REDACTED]</p>	<p><i>the necessary documents for the training</i></p>	<p>6-11-15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>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.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>6-1-15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p><i>LOC Evaluation for ARCH to be completed by pcp accurately & double checked by PCG base on resident's condition & care. Resident has MD's appt next month & will ask MD to reassess & fill up a new LOC eval sheet</i></p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 20px;"></div>		
-------------------------------------	---	--	--

Licensee/Administrator's Signature: Editha Magsanide, RN

Print Name: EDITHA MAGSANIDE, RN

Date: 6-23-15