

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 21, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Laundry soap, fabric softeners unsecured in the laundry area outside the home.</p>	<p><i>Pls. see attached</i></p>	<p><i>6/22/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 – “APAP 325 mg tab 2 tabs po every 4-6 hours prn pain/fever (not to exceed 2 grams/day)” ordered 4/23/16, 1/23/16, 11/12/15, and 9/25/15; however, the medication was not recorded on the medication record.</p>	<p><i>Pls. see attached.</i></p>	<p><i>6/21/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS No pliable pillow protectors for two (2) beds.</p>	<p><i>Pls. see attached.</i></p>	<p><i>6/22/14</i></p>

Licensee's/Administrator's Signature: _____ *[Signature]*

Print Name: _____ *AMALIA D. MAESTRO*

Date: _____ *7/6/16*

Licensee's/Administrator's Signature: _____ *[Signature]*

Print Name: _____ *AMALIA D. MAESTRO*

Date: _____ *8/24/16-*

Maestro Care Home

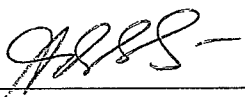
Plan of Corrections:

§11-100.1-14 Food sanitation. (f)

- PCG purchased a locked cabinet. All laundry soap, fabric softener including other chemicals were secured in a locked cabinet
- To avoid this deficiency in the future, PCG instructed all household members, and care givers to place laundry soap, fabric softeners and other chemicals in a locked cabinet after each use.

Completed: June 24, 2016

Signed: _____


Amalia D. Maestro, PCG

§11-100.1-15 Medication (f)

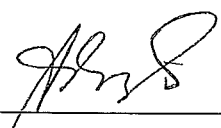
- 1) Amended Acetaminophen 325mg on Resident #1 MAR for the month of June 2016
- 2) To avoid similar deficiency in the future, PCG will request substitute care giver to proof read list of medications entered or written in MAR, compare with doctor's orders and to inform PCG if correction is needed.

Completion date: June 21, 2016

§11-100.1-23 Physical environment (o)(3) (B)

- 1) Replaced existing pillow protectors with water resistant pillow covers on 2 beds.
- 2) In the future, PCG will make sure that when purchasing this item it labels 'water resistant'.
In addition to this, PCG or SCG will label resident's name on the pillow they preferred to use.

Completion date: June 22, 2016

 7/16/16

Licensee's/ Administrator's Signature