

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 Hooahale Street, Pearl City, Hawaii 96782	Inspection Date: June 6, 2017 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.

	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> Household member - No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1 <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. Household member obtained PPD / TB test. TB clearance submitted, PCG has copy on file.</p>	<p>6/6/17</p>

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☒	<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> Household member - No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 2 <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>To prevent this deficiency from reoccurring, PCG created an excel form that will show the due dates of health screenings, ie: PE, TB test. PCG will send out reminder cards to all household members and SCCs who are near due for their annual PE and TB screening. Reminder cards will be given out 2 months prior to health screening expiration. PCG will check records or certificate received from HMs and SCC and will keep copy for file.</p>	<p style="text-align: center;">6/8/17</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> Robitussin unsecured in the refrigerator.</p>	<p style="text-align: center;">PART 2 <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><i>To prevent this incident from happening again, all medications that require refrigeration shall be properly labeled and kept in a separate locked box inside the refrigerator.</i></p> <p><i>PCG, SCS, and all household members will regularly check if there is any unsecured medications in the refrigerator will secure it.</i></p>	<p><i>6/8/17</i></p>

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<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> Resident #1 - "acetaminophen 325 mg tablet Take 2 tabs by mouth every 8 hours" ordered 6/2/17, 3/30/17 and 2/14/17; the medication record and medication label reflected "prn."</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><i>PCG contacted Resident #'s Physician and clarified order for Acetaminophen 325mg. Clarification is if the medication is to be given daily or as needed for pain/discomfort. PCG received Physician's order for Acetaminophen 325mg every 8 hrs as need for pain or fever. PCG updated current MAR to reflect the verified order.</i></p>	<p style="text-align: center;"><i>6/6/17</i></p>

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<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> Resident #1 - "acetaminophen 325 mg tablet Take 2 tabs by mouth every 8 hours" ordered 6/2/17, 3/30/17 and 2/14/17; the medication record and medication label reflected "prn."</p>	<p style="text-align: center;">PART 2 <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><i>To prevent this deficiency from recurring, PCG or SCG will bring Physician's Order form with resident's current MAR to each clinic visit.</i></p> <p><i>PCG and SCG will review current medication list and will compare with Physician's order.</i></p> <p><i>PCG will contact resident's physician to obtain correction for any discrepancies and incomplete medication order.</i></p>	<p style="text-align: center;"><i>6/8/17</i></p>

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<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> Resident #1 - "Crush crushable medication" ordered 11/11/16; no documentation medication are crushed. Primary care giver (PCG) stated medications are crushed.</p>	<p style="text-align: center;">PART 1 <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. PCG indicated in the Resident #1 current MAR which medications are ordered by the physician to be crushed. Medication's bottle are also labeled C-if crushable. PCG educated all SCGs on which medication is crushable or non crushable and the reasons why medications need to be crushed.</p>	<p>6/6/17</p>

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<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 Resident #1 - "amlodipine 2.5 mg tablet Take 1 tab by mouth daily Hold if SBP 110 or less" ordered; however, medication record reflected medication taken on the following days: 7/4/16 BP = 105/58, 7/6/16 BP = 107/62 and 6/30/16 BP = 109/50.</p>	<p style="text-align: center;">PART 1 <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><i>PCG and all SCGs reviewed</i></p> <p><i>Resident #1 MAR for the said dates, PCG educated SCGs on writing 'H' for hold and not the usual initial if the medication is being held.</i></p>	<p style="text-align: center;"><i>6/7/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "doxycycline 100 mg tablet Take 1 tab by mouth two times per day for 7 days" ordered 2/4/17; however, the medication record reflected "15 doses" taken.</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><i>PCG educated all SCGs to review medication schedule and only sign if the medication is given.</i></p>	<p><i>6/8/17</i></p>

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☒	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "doxycycline 100 mg tablet Take 1 tab by mouth two times per day for 7 days" ordered 2/4/17; however, the medication record reflected "15 doses" taken.</p>	<p style="text-align: center;">PART 2 <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><i>In the future, PCG and all SCGs will both review ordered medications schedule from physician. PCG will cross out or pre-blocked proceeding dates in MAR to prevent inaccuracy in recording.</i></p>	<p style="text-align: center;">6/8/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - "Apply warm compresses for 10-15 minutes five times daily" ordered 2/4/17; however, no documentation treatment order carried out. PCG stated warm compresses applied.</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;"><i>I acknowledge that there was no documentation for the treatment done.</i></p>	<p style="text-align: center;"><i>6/6/17</i></p>

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Licensee's/Administrator's Signature: _____

[Handwritten Signature]

Print Name: _____

Amalia D. Maestro

Date: _____

1/4/18

Licensee's/Administrator's Signature: _____

[Handwritten Signature]

Print Name: _____

Amalia D. Maestro

Date: _____

3/28/18