

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Mary Ann's	<b>CHAPTER 100.1</b>
<b>Address:</b> 745 Puu Kala Street, Pearl City, Hawaii 96782	<b>Inspection Date:</b> February 14, 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>§11-100.1-4 <u>Waiver</u>. (a)(1)            Every request for a waiver shall be set forth in writing and submitted to the department for approval. The licensee shall submit sufficient information as set forth in subsection (d)(3), to enable the department to make a decision on the request for a waiver.</p> <p>The department shall not act upon or consider any incomplete requests for waivers. A waiver request shall be deemed complete only when all required and requested information including a reason for the waiver and an alternate plan established to ensure the health, safety, welfare and civil rights of the resident, including resident care and life safety safeguards, is reviewed by the department;</p> <p><b><u>FINDINGS</u></b>            Resident #1, case management services discontinued on 5/13/6. However, no written request submitted to the department for a hospice case management waiver.</p>	<p style="text-align: center;"><b>Plan of Correction</b>  <b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>This deficiency has been corrected and was approved March, 2017 (March) → signed</i></p>	<p style="text-align: center;"><i>3-6-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-4 Waiver. (a)(1) Every request for a waiver shall be set forth in writing and submitted to the department for approval. The licensee shall submit sufficient information as set forth in subsection (d)(3), to enable the department to make a decision on the request for a waiver.</p> <p>The department shall not act upon or consider any incomplete requests for waivers. A waiver request shall be deemed complete only when all required and requested information including a reason for the waiver and an alternate plan established to ensure the health, safety, welfare and civil rights of the resident, including resident care and life safety safeguards, is reviewed by the department;</p> <p><b>FINDINGS</b> Resident #1, case management services discontinued on 5/13/6. However, no written request submitted to the department for a hospice case management waiver.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>when family request for change in our agreement regarding case management, PCG will submit a written request to the department for waiver. PCG will tell family that CM must continue until department approves the waiver request. - [signature]</i></p>	<p style="text-align: center;"><i>9-4-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1, diet order reads, "Regular, Pureed, Nectar Thick Consistency". However, only a regular diet menu plan available. Please contact Ms. Annette Jackson (692-7408), Nutritionist, if you need assistance.</p>	<p style="text-align: center;"><b>Plan of Correction</b> <b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>In the future I will call the department for clarification and guidance for new diet orders from MD. Also, I will follow up to MD to clarify new diet order to ensure that we have the proper order for the resident - <i>syme</i></i></p> <p><i>On Sept 1, 2017, CG met with Ms Annette Jackson, where I received guidance and reviewed diet consistencies and some food and fruits to avoid when requiring regular pureed diet for residents safety.</i></p> <p style="text-align: right;"><i>— syme</i></p>	<p style="text-align: center;"><b>Completion Date</b></p> <p style="text-align: center;"><i>5-29-18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #1, diet order reads, "Regular, Pureed, Nectar Thick Consistency". However, only a regular diet menu plan available. Please contact Ms. Annette Jackson (692-7408), Nutritionist, if you need assistance.</p>	<p><b>Plan of Correction</b>  <b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future I call the department for clarification and guidance for any new diet orders from NP and also will clarify if all the ordered diet _____</i></p>	<p>9-1-17</p>



	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
☒	<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><b><u>FINDINGS</u></b>  Resident #1, order dated 5/11/16 reads, "may crush medication" for one (1) p.o. medication. However, no crush order reflected in medication administration record.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR  FUTURE PLAN: WHAT WILL YOU DO TO  ENSURE THAT IT DOESN'T HAPPEN  AGAIN?</b></p> <p style="text-align: center;"><i>when making monthly MAK  PCG will include specific  instructions written  by MD and re-check  monthly to avoid errors - jg</i></p>	<p><i>9-4-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1, no procedure to dispose of expired medication. Order dated 5/11/16 reads, "Acetaminophen i QID PRN for back pain". Medication available expired on 8/2016.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The department and Bristol hospice provided the home with a copy, how to dispose expired medication, neutralized understanding. PRN medication acetaminophen, expired bottle was still in the med box, but we have new bottle at hand, I was an over sight on CG, medication wasn't given and was disposed at the same day and new bottle of PRN medication was made available <u>and</u></p>	<p style="text-align: right;">5-29-18</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> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b>            Resident #1, "Resident Emergency Information" form not current. Form dated 1/5/15. Former Case manager listed and no current medications, diet, and tuberculosis skin test.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>In the (future) Separate folder all other resident was updated.</i></p> <p><i>The resident Emergency information was updated by CG and reflected the current medication, diet + PPD.</i></p>	<p style="text-align: right;"><i>5-29-18</i></p> <p style="text-align: right;"><i>Erjane</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b>            Resident #1, "Resident Emergency Information" form not current. Form dated 1/5/15. Former Case manager listed and no current medications, diet, and tuberculosis skin test.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN            AGAIN?</b></p> <p style="text-align: center;"><i>In the future I will            update resident Emergency            Information annually            and will do follow up            check to ensure it was            updated</i></p>	<p style="text-align: right;"><i>5-29-18</i></p> <p style="text-align: right;"><i>sgal</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b>            Resident #1, inventory of possessions dated, 2/5/2015.</p>	<p style="text-align: center;"><b>Plan of Correction</b>  <b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Resident #1 didn't acquire any possessions in 2016 - signed</i></p>	<p style="text-align: center;"><i>9-1-17</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.  <u>FINDINGS</u> Resident #1, inventory of possessions dated, 2/5/2015.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future to ensure that it will not happen again, CHO will update residents possessions, which will include additions, discard on &amp; additions/discard, and date which the updates was done</i></p>	<p style="text-align: center;"><i>9-1-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u>. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p><b>FINDINGS</b> Resident #1, no facility policy for restraints. However, full-length rails were up on all sides during the annual inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The home is aware that an order should be in place when a resident needs rails, During our annual inspection R#1 rails was up due to ICP charge, its been a habit for safety because at some point R#1 was a bit of a challenging resident, other than that R1 rails is down, signed</p>	<p style="text-align: right;">9-1-17</p>

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	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p><b><u>FINDINGS</u></b> Resident #1, no face to face case manager visits after 4/20/16.</p>	<p><b>Plan of Correction</b> <b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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Licensee's/Administrator's Signature: *Maryann*

Print Name: MARYANN FOND

Date: 9-1-2017

Licensee's/Administrator's Signature: *Maryann*

Print Name: MARYANN FOND

Date: 5-29-18

Licensee's/Administrator's Signature: *Maryann*

Print Name: MARYANN FOND

Date: 9-4-2018