

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Pascual, Marissa G.</b>	<b>CHAPTER 100.1</b>
<b>Address: 45-220 Namoku Street, Kaneohe, Hawaii 96744</b>	<b>Inspection Date: March 2, 2018 Annual</b>

**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>§11-100.1-15 <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><b><u>FINDINGS</u></b> Resident #1, supplement made available does not match supplement ordered. Orders dated 11/09/17, 1/18/18 and 3/1/18 read, "Ensure by mouth ½ can in AM and 1/2/ can in PM." Supplement made available per the progress notes and medication administration record (MAR) is "Ensure Plus."</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> <ul style="list-style-type: none"> <li>- I corrected the deficiency by obtaining a telephone order to discontinue Ensure by mouth ½ can in Am and ½ can in PM and got a new order for: <ul style="list-style-type: none"> <li>• Ensure plus by mouth ½ can in Am and ½ can in PM.</li> </ul> </li> <li>- I wrote the new order in MAR that reads "Ensure plus by mouth ½ can in Am and ½ can in PM."</li> <li>- The telephone order was signed by the APRN during monthly visit.</li> </ul>	<p style="text-align: center; vertical-align: top;">3/2/2018</p> <p style="text-align: center; vertical-align: top;">3/2/2018</p> <p style="text-align: center; vertical-align: top;">3/13/2018</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #1, order and MAR do not match. Orders dated 11/09/17, 1/18/18 and 3/1/18 read, "Ensure by mouth ½ can in AM and 1/2/ can in PM." However, November 2017 thru March 2018 MAR reads, "Magic cup 1-2 cups per day OR Ensure Plus 1 can/day per resident preference."</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 called hospice APRN to get a verbal order for the type of supplement and frequency to be given.</p>	<p>3/2/2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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><b>FINDINGS</b> Resident #1, order and MAR do not match. Orders dated 11/09/17, 1/18/18 and 3/1/18 read, "Ensure by mouth ½ can in AM and 1/2/ can in PM." However, November 2017 thru March 2018 MAR reads, "Magic cup 1-2 cups per day OR Ensure Plus 1 can/day per resident preference."</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> <ul style="list-style-type: none"> <li>- I transcribed all new orders in MAR as soon as received, signed &amp; dated.</li> <li>- I wrote/poked a reminder in a "sticky Note" in the MAR binder, that reads; "Please check all new medication orders IF transcribed correctly in the MAR before administering meds to residents!"</li> <li>- Every month, before a new MAR is poked, all medication orders should match w/ the MAR. It will be reviewed by PCG and SCG signed &amp; dated</li> </ul> <p>Ex. (on the last page of MAR) all meds orders are reviewed, signed &amp; dated</p> <p>PCG — SCG —</p>	<p>3/2/2018</p> <p>3/2/2018</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1, date for 11 of 12 monthly progress notes is incomplete. I.e., date reads month/year. A complete date includes <u>day</u> for entry with the month and year.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Permanent general register was not maintained. Discharged Resident #1 discharged on <u>2/26/17</u> per register. However, incident report and resident record indicate <u>2/27/17</u>.</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 style="text-align: center;"><i>I corrected the permanent general register from 2/26/17 to 2/27/17.</i></p>	<p style="text-align: center;"><i>3/2/18</i></p>



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Licensee's/Administrator's Signature: Marissa G. Pascual  
Print Name: MARISSA G. PASCUAL  
Date: 3/2 2018

Licensee's/Administrator's Signature: Marissa G. Pascual  
Print Name: MARISSA G. PASCUAL, R.N.  
Date: 10/08/2018