

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Mary Ann's</b>	<b>CHAPTER 100.1</b>
<b>Address: 745 Puu Kala Street, Pearl City, Hawaii 96782</b>	<b>Inspection Date: February 15, 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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>  Resident #1, “Ensure HP one can/day” order 4/20/17; however, the medication administration record reads, “Ensure one can/day” April 2017 thru February 2018.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Bedroom #2, a tube of "Triple Antibiotic Ointment" and two (2) bottles of pharmacy labeled containers of "Ny-Stop Nystatin Topical Powder" unsecured from staff controlled work cabinet-counter in a resident bedside stand.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Bedroom #2, pharmacy labeled container “Ny-Stop Nystatin Topical Powder expired 1/28/17” unsecured.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p data-bbox="285 272 936 573">           §11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.         </p> <p data-bbox="285 605 890 695"> <b><u>FINDINGS</u></b>            Discharged resident #1, incident resulting in transport to emergency room. No incident report available.         </p>	<p data-bbox="1276 272 1388 297"><b>PART 1</b></p> <p data-bbox="961 638 1703 963"> <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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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1, no care plan updates by the case manager to reflect the following:</p> <ol style="list-style-type: none"> <li>1. Physician order (4/20/17) reads, "Ensure HP 1 can daily." New care plan to address Alterations in skin integrity added; however, this plan did not include "Ensure HP" with the wound care ordered.</li> <li>2. Physician office visit note (5/2/17) reads, "Patient is stable, Borderline orthostatic hypotension. Caution when rising from chair, needs assistance." No update to the "Potential for Falls" care plan noted.</li> <li>3. Annual Assessment (12/28/17) reads, "Full Code". However, Healthcare decisions (11/15/12) reads, do not prolong life.</li> </ol>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_