Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Magsanide's Care Home, L.L.C.	**CHAPTER 100.1**
Address: **1439 Middle Street, Honolulu, Hawaii 96819**	**Inspection Date: April 2, 2019 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Household members (HHM) #1, #2, and #3- No current physical examination on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** YES **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** All 3 household members were cleared of I.D. by Dr. Sorbella Guillermo on 4.25.19.	4.25.19

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☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Household members (HHM) #1, #2, and #3- No current physical examination on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Refer to the checklist which include T.E for household members. And to check/update my forms every 4 months. 4.25.19	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #2- Admitted on 6/29/18; however, level of care was obtained 7/23/18. Level of care must be completed **prior** to admission.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #2- Admitted on 6/29/18; however, level of care was obtained 7/23/18. ***Level of care must be completed prior to admission.***	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To always refer to admission/ readmission checklist. To make sure that it is completed on admission day.	4-25-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2- Record review of physician's order shows resident's diet is pureed with pudding consistency; however, the physician form was not dated. Diet order is invalid. ***Please obtain a valid order from the physician and attach with your plan of correction.***	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** YES **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Doctor wrote the right diet order on 4.25.19.	4.25.19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2- Record review of physician's order shows resident's diet is pureed with pudding consistency; however, the physician form was not dated. Diet order is invalid. ***Please obtain a valid order from the physician and attach with your plan of correction.***	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** always refer to admission checklist. To make sure forms sections are completed. To double check for accuracy and completeness of document.	4·25·19 en

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver. **FINDINGS** Resident #2- Noted resident with left padded side rail during walk-through of the care home. PCG and RN case manager also documented of resident's use of left padded siderail. However, there is no physician's order on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** YES **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Doctor's order obtained and on file.	4-25-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver. **FINDINGS** Resident #2- Noted resident with left padded side rail during walk-through of the care home. PCG and RN case manager also documented of resident's use of left padded siderail. However, there is no physician's order on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To include in my checklist that any resident manifesting behaviors that may cause self injury shall be assessed by MD to determine least restrictive alternatives to physical restraint use and if such thing is required family's consent should be obtained along with MD's order.	4.25.19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #2- No admission assessment by PCG for 6/29/18.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-84 Admission requirements. (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN. **FINDINGS** Resident #2, level of care assessment dated 7/23/18, certified as ARCH level of care. However, resident is receiving case management services and requires maximum assistance with ADL's, is bed bound, and requires Hoyer lift with transfers. ***Please have resident's level of care reassessed by a physician and/or APRN.***	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** YES. **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** the appropriate LOC form was obtained & signed by MD	4-25-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-84 Admission requirements. (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN. **FINDINGS** Resident #2, level of care assessment dated 7/23/18, certified as ARCH level of care. However, resident is receiving case management services and requires maximum assistance with ADL's, is bed bound, and requires Hoyer lift with transfers. ***Please have resident's level of care reassessed by a physician and/or APRN.***	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Include in the checklist that on admission, services should be base on the LOC assessed & signed by M.D. and if there's any change in LOC to have MD/APRN reassess resident and LOC should be filled up properly.	9-25-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #2 care plan of "At risk for constipation" was not updated to reflect APRN's recommendation on 10/3/18 to increase Fiber to 1-2 tsp daily and to have a bowel movement goal of 1-2 BM per day.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** CM contacted **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CM visit on 5-3-19 Documents will be revised/ corrected then.	5-3-19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #2 care plan of "At risk for constipation" was not updated to reflect APRN's recommendation on 10/3/18 to increase Fiber to 1-2 tsp daily and to have a bowel movement goal of 1-2 BM per day.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To always double check CM documentation before exiting care home. To correct/revise documents as needed.	5-3-19

Licensee's/Administrator's Signature: Editha Magsanide

Print Name: EDITHA M. MAGSANIDE

Date: 4-30-19