Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary Ann's	**CHAPTER 100.1**
Address: 745 Puu Kala Street, Pearl City, Hawaii 96782	**Inspection Date: February 8, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

'19 MAY -7 P3:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1, "pureed" diet ordered 11/27/18; however, no special diet menu to follow available for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Using my Four weekly menus cycle, prepared a pureed special diet menu	3-15-19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1, "pureed" diet ordered 11/27/18; however, no special diet menu to follow available for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will follow cycle menus by preparing in advance at least one week for both diets. regular and special diet such as pureed or whatever is ordered by MD — sgal 3-15-19	

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MAR 20 2019

	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 #1, no evidence of a verbal order available on the order sheet. However, progress note (10/29/18, 4 pm) reads, "PCP call order start pureed diet for aspiration precautions".	**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
☒	§11-100.1-13 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 #1, no evidence of a verbal order available on the order sheet. However, progress note (10/29/18, 4 pm) reads, "PCP call order start pureed diet for aspiration precautions".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future when taking telephone order I will document on both physicians record and progress notes and also make sure to be signed on next office visit — [illegible]	3-15-19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1, licensee changed pharmacy dispensed label for "Losartan 25 mg I tab QD" to "May give 2 – 25 mg tabs".	**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
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1, licensee changed pharmacy dispensed label for "Losartan 25 mg I tab QD" to "May give 2 – 25 mg tabs".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future if there are changes on medication by MD I will follow doctor's order I will ask for new prescription and will get a new labeled medication that reflect the new signed order from the pharmacy, also will notify family about the change - [illegible]	5-6-19

'19 MAY -7 P3:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1, no evidence in progress notes describing resident response to orders (5/1/18 and 10/30/18) for positioning and activity/mobility related to skin status. • 05/01/18 – Stand or turn in bed every 2 hours, range of motion to all four extremities 1-2 x/day • 10/30/18 – mobilize patient as often as possible to sit-stand-start steps	**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
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1, no evidence in progress notes describing resident response to orders (5/1/18 and 10/30/18) for positioning and activity/mobility related to skin status. • 05/01/18 – Stand or turn in bed every 2 hours, range of motion to all four extremities 1-2 x/day • 10/30/18 – mobilize patient as often as possible to sit-stand-start steps	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will follow doctor's order, I, and SCG will follow planned schedule (turns, ROM,s) and monitor for implementation and resident's response, I will document on monthly basis and as necessary as we continue to monitor, observe for any changes and resident response to the doctor's order ———	5-6-19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1, no report by the primary care giver to physician/APRN changes in resident's mobility. • Resident #1, certified as-self preserving (11/27/18). However, during annual inspection required assistance with transfers and ambulation • Residents #2, certified as non-self preserving • Resident #3, certified as non-self preserving	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Made an appt with MD and was done 2-21-19 also discharged one of the residents to comply with DOH regulations —	3-15-19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1, no report by the primary care giver to physician/APRN changes in resident's mobility. • Resident #1, certified as-self preserving (11/27/18). However, during annual inspection required assistance with transfers and ambulation • Residents #2, certified as non-self preserving • Resident #3, certified as non-self preserving	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future any significant change in Resident status will be reported (~~and~~) to CM and also notify MD for them to assess and update resident status and for proper documentation - [illegible]	3-15-19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Annual physical and dental examinations; **FINDINGS** Resident #1, no evidence of a complete annual physical examination. The signed "Resident Physical Examination Record" (11/27/18) form reads, "See visit note dated 11/27/18". However, no computer generated visit note for the 11/27/18 annual physical exam was available on 2/8/19.	**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
☒	§11-100.1-87 Personal care services. (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Annual physical and dental examinations; **FINDINGS** Resident #1, no evidence of a complete annual physical examination. The signed "Resident Physical Examination Record" (11/27/18) form reads, "See visit note dated 11/27/18". However, no computer generated visit note for the 11/27/18 annual physical exam was available on 2/8/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future all physicians notes during visits will be filed on each resident binder as soon as we received it. MD visits notes on 11-27-18 was filed on a different binder that we use daily it's been a practice for our latest notes, easier access if we have changes/ emergencies — [illegible]	3 15-19

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	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 #1, care plan inconsistent with Advanced Directive (03/03/12). The directive reads, "resident does not wish to prolong life for the End of Life Decision". However, the CODE STATUS in case management records (11/30/18) reads, "FULL CODE".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Although the code status was not officially DNR until Feb. 2019 (well after 11/30/18 assessment), the care plan & case mgmt records (11/30/18) were revised to reflect the DNR status.	3/26/19

'19 MAR 29 A11:28

	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 #1, care plan inconsistent with Advanced Directive (03/03/12). The directive reads, "resident does not wish to prolong life for the End of Life Decision". However, the CODE STATUS in case management records (11/30/18) reads, "FULL CODE".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will work with the RNCM in reviewing my resident's record to make sure inconsistencies are brought to her attention and corrections are done promptly. I will flag it with a post-it note in the record as a reminder.	3/26/19

	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 #1, plan does not address resident change in mobility. Resident now requires assistance for mobility.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The care plan has been revised to address the resident's change in mobility as she requires 1-person assist when ambulating.	3/26/19

	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 #1, plan does not address resident change in mobility. Resident now requires assistance for mobility.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will work with the RNCM in notifying her of any changes in my resident's condition and that revisions are made in the care plan in a timely manner.	3/26/19

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	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 #1, plan does not address nutritional needs and orders for the following: • Ensure High Protein (HP) 1 can/day • Monitor weight weekly • Pureed diet • Thick-et Nectar Consistency • Aspiration precautions Annual case management assessment reads "Regular" diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Although the care plan did state Pureed diet and aspiration precautions, the care plan was updated to include Ensure HP 1 can/day and thickened liquids - nectar consistency. There is no current order to monitor weight weekly, however, an order will be obtained to measure the arm circumference as resident is unable to independently stand on the scale for an accurate weight	3/26/19

19 MAR 29 AM 11:28

	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 #1, plan does not address nutritional needs and orders for the following: • Ensure High Protein (HP) 1 can/day • Monitor weight weekly • Pureed diet • Thick-et Nectar Consistency • Aspiration precautions Annual case management assessment reads "Regular" diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will work with the RNCM in routinely reviewing my resident's care plan every month during the monthly visits and to update it as changes occur	3/26/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(6) 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: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; **FINDINGS** Resident #1, no documentation of training by case manager for substitute care givers (aspiration precautions, pressure ulcer prevention plan and range of motion) specific to the expanded ARCH level of care resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** additional training besides my training has been done by the RNCM for the substitute caregivers with focus on aspiration precautions, pressure ulcer prevention & range of motion specific to my resident's care needs.	3/26/19

'19 MAR 29 AM 11:28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(6) 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: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; **FINDINGS** Resident #1, no documentation of training by case manager for substitute care givers (aspiration precautions, pressure ulcer prevention plan and range of motion) specific to the expanded ARCH level of care resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will work and coordinate with CM in reviewing plan of care in cases of any changes in residents needs, on any new doctors order, for us to identify what training is needed by caregiver/SCG, will work with CM to get that training needed ~~for~~ specific for my resident care & needs ——— [signature]	5-6-19

STATE OF HAWAII
STATE LICENSING

'19 MAY -7 P3:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; **FINDINGS** Resident #1, no documentation of expanded ARCH resident's status and quality of services provided during monthly visit of 01/31/19. Only evidence of the visit is the signature on log in the resident record dated 01/31/19.	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

'19 MAR 29 A11:28
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING
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Licensee's/Administrator's Signature: [signature]

Print Name: MARY ANN FORD

Date: 05-06-2019

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STATE OF [illegible]
[illegible]
STATE LICENSING