

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 14, 2022 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.

RECEIVED

JUN 13 2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Comple Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u> Resident #2 – Physician diet order dated 3/21/22 states, “pureed, honey thick liquids”; however, diet menu unavailable for review</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><i>YES</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I created a four-week menus</i></p>	<p style="text-align: right;"><i>4-20-22</i> <small>am</small></p> <p style="text-align: right;">.22 APR 26 PM 2:37</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #2 – Physician diet order dated 3/21/22 states, “pureed, honey thick liquids”; however, diet menu unavailable for review</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make a reminder notes and place it on my planner to review all physician's orders and offer visit summaries to check for changes in diet order and to post a diet menu for that specific diet for resident's viewing.</p>	<p style="text-align: right;"><i>em</i> 5-16-22</p> <p style="text-align: right;">'22 MAY 19 AM 1:26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-CHDA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Physician’s order dated 3/30/22 states, “Acetaminophen 325mg 2 tab PO Q 8hrs prn”; however, order does not include PRN indication</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><i>Yes</i> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Called PCP and clarified order. Medication label corrected as well as the resident's MAR</p> <p>Corrected order:</p> <p>acetaminophen 325mg 2 tabs po Q 8 hrs. PRN for Temp \geq 100° F and mild pain.</p>	<p style="text-align: center;">4-18-22</p> <p style="text-align: right;">22 APR 26 PM 12:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH/OSCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Physician's order dated 3/30/22 states, "Acetaminophen 325mg 2 tab PO Q 8hrs prn"; however, order does not include PRN indication</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will write a reminder notes to clarify & correct the order on the label & MAR, & other documents with ^{list of} meds ordered.</p> <p>I also made a Note / Notice that I keep in my medicine record + med. cabinet that every PRN meds should include PRN indication.</p>	<p style="text-align: right;">6.9.22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS 325mg – take 2 tabs PO every 6 hrs as needed”; however, physician’s order dated 3/31/22 states, “Acetaminophen 325mg 2 tab PO Q 8hrs prn”. Frequency of medication administration on MAR does not match physician’s order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Order was clarified with her PCP. as: Acetaminophen 325mg 2 tabs PO @ 8 hrs. PRN for Temperature $\geq 100^{\circ}\text{F}$ and mild pain. Corrections made on her MAR, medications label, and on her emergency information.</p>	<p style="text-align: right;"><i>4-18-22</i></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> (a)(8) 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:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of valuables unavailable for review</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident's inventory of belongings & valuables reviewed & updated.</i></p>	<p style="text-align: center;"><i>4-18-22</i></p> <p style="text-align: right;">22 APR 26 PM 3:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of valuables unavailable for review</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will always refer to the ARCH/ec checklist to make sure that resident's inventory of belongings/valuables are current and updated on admission, readmission, transfers and/or when old clothes are discarded and new ones comes in.</p>	<p style="text-align: right;">4.20.22</p> <p style="text-align: right;">22 APR 26 P12:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOT-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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><u>FINDINGS</u> Resident #1 – Incident report unavailable for fall on 11/27/22, resulting in hospitalization</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> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-DMCA STATE LICENSING</p>	<p style="text-align: right;">'22 APR 26 PM 2:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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><u>FINDINGS</u> Resident #1 – Incident report unavailable for fall on 11/27/22, resulting in hospitalization</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Review chapter 11-100.1 binder regarding unusual incidents. I make sure to write incident reports ASAP and to notify PCA and family members as well.</p> <p>I make sure to document also on resident's binder ASAP.</p>	<p style="text-align: right;">A-18-22</p> <p style="text-align: right;">22 APR 26 12:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHS-CHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Editha Magzanide

Print Name: EDITHA MAGSANIDE

Date: April 25 2022

22 APR 26 PM 2:38
STATE OF HAWAII
DHF-ORCA
STATE LICENSING

Licensee's/Administrator's Signature: Editha Magsanide

Print Name: EDITHA M. MAGSANIDE

Date: 5-19-22

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

22 MAY 19 AM 1:26

Licensee's/Administrator's Signature: Editha Magsanide

Print Name: EDITHA MAGSANIDE

Date: June 9, 2022