

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary's Peaceful Haven, LLC	CHAPTER 100.1
Address: 2777 Kalihl Street, Honolulu, Hawaii 96819	Inspection Date: January 15, 2021 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.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 APR 19 AM 1:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 - No level of care prior to admission 1/10/21. Level of care dated 1/15/21.</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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">21 APR 19 AM 46</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - No level of care prior to admission 1/10/21. Level of care dated 1/15/21.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will obtain complete admission documents from the discharge planner prior to resident's admission to review and discuss all in placed accordingly with DOH check list.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;"><i>04/10/21</i></p> <p style="text-align: right;">21 APR 19 AM 1:46</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. FINDINGS Resident #1 requires maximum assistance with activities of daily living (ADL), and needs assistance at mealtime. The home is not licensed for expanded ARCH level of care.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I need to assess the resident personally before admission and verify that resident that it's appropriate to my ARCH license.</p> <p>*Resident #5, Ruth Takano transferred to Maunaloa cottages Feb. 02, 2021</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">4/10/21</p> <p style="text-align: right;">21 APR 19 AM 11:46</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. FINDINGS Resident #1 requires maximum assistance of one (1) person to transfer, requires maximum assistance with activities of daily living (ADL), and needs assistance at mealtime. The home is not licensed for expanded ARCH level of care.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will assess resident's personality and when level of care exceeds to my license, it is inappropriate to adjust the resident. I will not admit the residents.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">4/10/21</p> <p style="text-align: right;">21 APR 19 AM 1:46</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - "Regular dysphagia minced" diet ordered 1/10/21. The ARCH is not licensed for special diets.	<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;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Resident was transferred in Feb. 02, 2021 to Monroa Center.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-ORCA STATE LICENSING </div>	4/16/21 21 APR 19 AM 1:46

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - "Regular dysphagia minced" diet ordered 1/10/21. The ARCH is not licensed for special diets.	<div style="text-align: center;"> PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Am currently enrolled to special diet classes with DOH dietitians.</i></p> <div style="text-align: right;"> STATE OF HAWAII DOH-ORCA STATE LICENSING </div>	<div style="text-align: right;"> 4/10/21 21 APR 19 AM 1:46 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Bleach unsecured under the resident area sink.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Placed a sign "Pls. lock after use" in a red marker.</i></p> <p><i>The cabinet is now lock.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;"><i>4/10/21</i></p> <p style="text-align: right;">21 APR 19 AM 4:46</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 - "Cefdinir 300 mg cap Take 1 cap by mouth every 12 hours for 2 days" #4 dispensed; was ordered 1/10/21. The January 2021 medication record noted five (5) doses were taken by the resident.	<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;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	21 APR 19 AM 1:47

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 - "Metronidazole 500 mg 1 tab every 8 hours for 2 days" #6 dispensed; was ordered 1/10/21. The January 2021 medication record noted nine (9) doses were taken by the resident.	<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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	21 APR 19 AM 1:47

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<input checked="" type="checkbox"/> §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 style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will double check MD orders, bottle labels and recd. Med. list before giving medications. I will call prescribing physician immediately when found Med. changed for correction.</p> <p>I will count the number of doses and monitor the medication record for the doses to be taken.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div>	<p style="text-align: right;">4/15/21</p> <div style="text-align: right;"> 21 APR 19 AM 1:47 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Mirtazepine 7.5 mg tab Take 7.5 mg by mouth at bedtime" ordered 1/10/21; the label read "Take one tablet by mouth everyday as needed." Medication dispensed 12/29/20.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Called prescribing Physician APRN for correct order per Resident Medication.</i></p>	<p style="text-align: center;"><i>4/10/21</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">21 APR 19 AM 1:47</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 - Progress notes did not include observations of the resident's tolerance to dysphagia minced consistency meals and nutritional supplements.	<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> <div style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div>	21 APR 19 AM 1:47

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - "Boost or Ensure 2-3 times a day" ordered 1/10/21; however, no documentation that the treatment was rendered.</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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">21 APR 19 AM 1:47</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (e)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS</p> <p>The second exit had a towel on the ground at the threshold which was a potential trip hazard. The towel would obstruct wheelchair access to the area of refuge.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Reviewed the towel immediately instructed PC#1, PC#2 not to place towel in the doorway in PC#2 fixed the doorway to stop from no one to come in.</i></p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p><i>6/10/21</i></p> <p>21 APR 19 AM 1:47</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; FINDINGS The second exit had a towel on the ground at the threshold which was a potential trip hazard. The towel would obstruct wheelchair access to the area of refuge.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Placed sign "TRIP Hazard" "DO NOT put Towel or Bag in the room w/ any at all time." Instructed SGT#1, SGT#2 and having the DLE myself to check daily. SGT#2 fixed the alarm as to stop the alarm w/ alarm from coming in.</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: right;">04/10/21</p> <p style="text-align: right;">21 APR 19 AM 11:48</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 - No self-preservation certification for readmission on 1/10/21.</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;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Resident transferred to Mason's Cottage Feb 02, 2021.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;">04/10/21</p> <p style="text-align: right;">21 APR 19 AM 1:48</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS Resident #1 is unable to reach the signaling device which is wall mounted at the head of the bed.	<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;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> Placed call bell in back Residents bedside tables at night, and Nurse call bell in Residents walker's wheel tray Can be out easily access when using BR / walking around the LVR. </p> <p style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </p>	<p style="text-align: right;">04/19/21</p> <p style="text-align: right;">21 APR 19 AM 4:48</p>

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Licensee's/Administrator's Signature:

Maria Patricia

Print Name:

MARIE M. FATHIG

Date:

April 10, 2024

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 APR 19 AM 1:48