

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maestro Care Home	CHAPTER 100.1
Address: 613 Hoohale Street, Pearl City, Hawaii 96782	Inspection Date: June 24, 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION
2022 JUN 24 PM 1:29

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.</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>Yes. PCG requested SCG #1 to submit Initial 2 step TB clearance. Initial 2 step PPD documents received on 6/26/2022. Copy on file.</i></p>	<p><i>6/25/2022</i></p>

STATE OF MAINE
DEPT. OF CORRECTIONS
STAFF DEVELOPMENT

22 JUL 11 P4:32

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Substitute Caregiver (SCG) #1 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><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>To prevent this deficiency from recurring, PCG created a checklist for staff of all the required documents by the department including Initial 2-step PPD results. When SCG submit her/his documents, both SCG & PCG will thoroughly review the forms and mark completed in the checklist. Potential caregiver will not be allowed to start to work if documents are incomplete.</i></p>	<p>22 JUL 11 P4:32</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Toxic chemicals stored in unsecured cabinet under kitchen sink.</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>Yes. Cabinet containing toxic chemicals in the kitchen was closed and padlocked secure.</i></p>	<p><i>6/24/2022</i></p> <p>22 JUL 11 P4:32</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Toxic chemicals stored in unsecured cabinet under kitchen sink.</p>	<p>PART 2</p> <p><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>To prevent this deficiency from happening again, PCB placed a sign in the cabinet "lock this cabinet at all times." and all caregivers were retrained. The cabinet containing toxic chemicals have to kept closed and pad locked as soon as the needed supplies are taken or returned to the cabinet.</i></p>	<p>22 JUL 11 P4:32</p> <p>STATE OF NEW YORK DEPARTMENT OF CORRECTIONS JUL 11 2011</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 – Medication order dated 2/11/22 and 3/28/22 states, "trazodone 50mg tablet Take 0.5 tablets by mouth at bedtime as needed for sleep"; however, medication bottle label states, "Trazadone 50mg tablet Take ½ tablet by mouth at bedtime". Physician's order and prescription label do not match.</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>Yes. PC contacted the resident's PCP to resend the prescription to the pharmacy indicating the new label w/ current instructions for trazodone 50mg ½ tablet by mouth.</p> <p>Medication has been refilled w/ new label and ordered instructions.</p>	<p>7/1/2022</p> <p>22 JUL 11 P4:32</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><u>FINDINGS</u> Resident #1 – Medication order dated 2/11/22 and 3/28/22 states, "trazodone 50mg tablet Take 0.5 tablets by mouth at bedtime as needed for sleep"; however, medication bottle label states, "Trazadone 50mg tablet Take ½ tablet by mouth at bedtime". Physician's order and prescription label do not match.</p>	<p>PART 2</p> <p><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>The PCG set up a weekly reminder on her phone every Saturday. This will remind the PCG to review all residents' MAR and cross match with the Physician's / provider's order and the medication bottle. The SCGs will make a secondary review to ensure accuracy of the MAR against Physician's / provider's order. PCG will contact the Physician's / Provider's ofc. if there is a discrepancy.</p>	<p>8/29/2022</p> <p>22 AUG -1 P1:29</p> <p>STATE OF HAWAII HHS-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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> <p>FINDINGS Resident #1 – Medication administration record (MAR) from 1/2022-6/2022 states, "Acetaminophen 325mg 2 tablets by mouth every 4 hours as needed for MILD PAIN/TEMP 100F or above"; however, physician's order unavailable for medication administration.</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>Yes. PC6 contacted the resident's PCP ofc. and requested to prescribe Acetaminophen 325mg 2 instructions for the resident. PC6 received the provider's order for Acetaminophen 325mg 2 instructions from resident's PCP/provider.</p>	<p>7/1/2022</p>

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
JUL 11 2022

22 JUL 11 PM 3:32

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<input checked="" type="checkbox"/>	<p>§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> <p><u>FINDINGS</u> Resident #1 – Medication administration record (MAR) from 1/2022-6/2022 states, “Acetaminophen 325mg 2 tablets by mouth every 4 hours as needed for MILD PAIN/TEMP 100F or above”; however, physician’s order unavailable for medication administration.</p>	<p>PART 2</p> <p><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>The PCG set up a weekly reminder on her phone every Saturday, this will remind the PCG to review all the residents MAR and cross match with the Physician’s/Provider’s order and the medication bottle. The SCGs will make a secondary review to ensure accuracy of the MAR against Physician’s/provider’s order. PCG will contact the Physician’s/Provider’s office if there is a discrepancy.</p>	<p>7/29/2022</p> <p>22 AUG -1 P 1:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident's response to daily and as needed medications were noted in the monthly progress notes since admission in 1/2022.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 JUL 11 P4:32</p> <p>STATE OF MAINE JUL 11 2022 STATE LIBRARY</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident's response to daily and as needed medications were noted in the monthly progress notes since admission in 1/2022.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The PCG set a phone alarm every 15th and 30th of the month, to meet all the caregivers to review residents medications and treatments and share among others their observation on the residents response to medication, treatments, diet, care plan, any changes in condition, indication of illness or injury, behavior patterns including the date, time, and any all action taken. Documentation shall be completed immediately when any incident occurs.</p>	<p align="center">22 JUL 11 PM 4:32</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS No "oxygen in use" warning sign posted at entry of home</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>Yes. PCG posted a warning sign. "Oxygen in Use" at entry of home.</p>	<p>6/24/2022</p> <p>22 JUL 11 P 4:32</p> <p>STATE OF HAWAII DOH-DACA STATE LICENSES</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan objective dated 5/10/22 and 6/21/22 states, "Caregiver to check [resident] visually every 2 hours during the day and every 4 hours at night"; however, no documented evidence this task is being performed timely.</p> <p>Resident #1 – Care plan objective dated 5/10/22 states, "Caregiver will check [resident's] pull ups/diaper every 2 hours or as needed; however, no documented evidence this task is being performed timely.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 JUL 11 P4:32</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a pre-admission comprehensive assessment was conducted prior to admission into the care home.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 JUL 11 P4:32</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)</p> <p>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>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;</p> <p>FINDINGS</p> <p>Resident #1 – No documented evidence caregivers were trained on aspiration precautions and how to prepare thickened liquids for nectar consistency liquids ordered by the resident's physician for dysphagia.</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>Yes. The PCG coordinated w/ the case management to have all caregivers trained on aspiration precaution, different types of liquid consistencies and how to prepare thickened liquids for nectar consistency ordered by the physician.</p>	<p>6/25/2022</p> <p>22 JUL 11 P4:32</p> <p>STATE OF HAWAII HHS-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p>FINDINGS Resident #1 – No documented evidence caregivers were trained on aspiration precautions and how to prepare thickened liquids for nectar consistency liquids ordered by the resident's physician for dysphagia.</p>	<p>PART 2</p> <p><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>To prevent this deficiency in the future, the PCG will make a list of all PRN medications, skills and specific orders needed in providing care for the residents.</i></p> <p><i>All caregivers must be delegated by the case management during admission and when a new order is given by the provider during the residents stay in the E-ARCH.</i></p> <p><i>All caregivers and case manager will sign the delegation form as a proof that they were delegated and has shown that they are capable in performing the skills.</i></p>	<p>22 JUL 11 14:33</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the case manager has been monitoring and evaluating the caregivers' skills, competency and quality of services being provided, as each caregiver has not been fully and properly trained to performed delegated nursing tasks necessary to ensure the resident's health and safety. RN delegation not provided to all caregivers on medically relevant topics, per RN delegation and training sheet provided by case manager.</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>Yes. Case management came to ARCH and re delegated all caregivers with the skills needed in caring for the resident. All caregivers signed the delegation form.</i></p>	<p><i>6/25/2011</i></p> <p>22 JUL 11 P4:33</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

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Licensee's/Administrator's Signature: 

Print Name: Amalia D. Maestro

Date: 7/11/2002

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 JUL 11 P4:33

Licensee's/Administrator's Signature: Alssa

Print Name: Amelia D. Malster RN PCG.

Date: 7/31/2022

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

22 AUG -1 P1 :29