

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>Maestro Care Home II</b>	<b>CHAPTER 100.1</b>
Address: <b>141 Hoomalu Street, Pearl City, Hawaii 96782</b>	Inspection Date: <b>December 12, 2022 Initial</b>

**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.**

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STATE LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. PCG requested SCG #1 to submit completed PE. SCG #1's completed PE received on 12/20/2022. Copy on file.</p>	<p>12/20/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency from recurring, PCG created a checklist for staff of all the required documents by the department including PE. When SCG submits her/his documents, both SCG and PCG will thoroughly review the forms and mark completed in the checklist. Potential caregiver will not be allowed to start to work if documents is incomplete.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order for “Regular, chop texture”; however, no special diet menu available for review. Submit a copy with plan of correction.</p> <p>Resident #2 – Physician order dated 12/8/22 for “Regular, 4gm Na or NAS”; however, no special diet menu available for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. PCG spoke to Consultant Dietitian. Dietitian will submit menu directly to OHCA nutritionist</p>	<p>12/19/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Physician order for “Regular, chop texture”; however, no special diet menu available for review. Submit a copy with plan of correction.</p> <p>Resident #2 – Physician order dated 12/8/22 for “Regular, 4gm Na or NAS”; however, no special diet menu available for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN; WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency in the future, PCG created a checklist of all resident's admission documents including diet. Upon resident's admission, PCG will review with another SCG all Physician's order for resident including special diet and will make a referral to RD to develop special diet for the resident if needed.            Copy of completed Special diet referral will be placed in resident's chart.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #3 – The following PRN medications were documented as administered daily but time of administration was not documented:</p> <ul style="list-style-type: none"> <li>• Order states “Acetaminophen 500mg tab. Give 1-2 tab PO Q6 hours PRN for mild pain/fever”; however, no documentation of time PRN was administered. PRN was documented as being administered daily from 11/23/22 – 12/12/22.</li> <li>• Order states: “Trazodone 25mg ½ tab PO every 8 hours as needed”; however, no specified time of administration noted on medication sheet. PRN was documented as being administered to resident twice daily from 11/23/22-11/30/22 and once daily from 12/1/22-12/12/22.</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #3 – Physician order dated 11/22/22 for “Trazodone 50mg tab. Give ½ tab (25mg) Every 8 hours as needed for depression”. Medication bottle label also states “Trazodone 50mg.” However, on medication administration record (MAR), order is written as “Trazodone 25mg ½ tab PO every 8 hours”. MAR does not reflect physician’s order. Submit a copy of revised MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes.  PCG revised the resident's MAR to reflect the correct Physician's Order for Trazadone.</p>	<p>12/12/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Admission assessment was incomplete. Medical problems and resident needs were not identified, and diet and level of care was left blank. No Signature on 2nd page from either PCG, resident, and/or legal representative. Submit a copy of completed admission assessment.</p> <p>Resident #2- Admission assessment was incomplete. No Signature on 2nd page from either PCG, resident, and/or legal representative. Submit a copy of completed admission assessment.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. PCG completed and signed resident's Admission Assessment Form. PCG also contacted resident's POA/family to review and sign Admission Assessment Form. Family signed Admission Assessment Form, copy was placed on resident's chart.</p>	<p>12/15/2022</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)(4)  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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #3 – Annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes.  PCG contacted CCMA and requested a copy of Resident #3's 2 step PPD results.  Copy of Resident #3's 2 step PPD results was received on 12/22/2022 and placed in resident's chart.</p>	<p style="text-align: center;">12/22/2022</p>

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<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><b><u>FINDINGS</u></b> The following PRN medications were documented as administered daily but resident's response to medication was not documented:</p> <ul style="list-style-type: none"> <li>• Order states "Acetaminophen 500mg tab. Give 1-2 tab PO Q6 hours PRN for mild pain/fever". PRN was documented as being administered daily from 11/23/22 – 12/12/22; however, response to medication not documented in progress notes.</li> <li>• Order states: "Trazodone 25mg ½ tab PO every 8 hours as needed". PRN was documented as being administered to resident twice daily from 11/23/22-11/30/22 and once daily from 12/1/22-12/12/22; however, response to medication not documented in progress notes.</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident discharged to hospital on 12/8/22; however, resident register does not reflect discharge. Submit a copy of updated resident register.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. PCG noted DC date in Resident's Register Record on 12/12/2022 and added a notation in the Care Home Weekly Checklist to have PCG and SCG review resident's Admission and Discharge.</p>	<p>12/12/2022</p>

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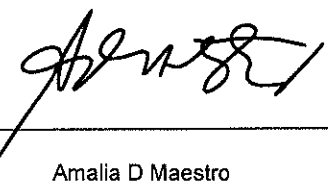


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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> Path to area of refuge obstructed with bedside table and folded wheelchair.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. PCG and SCG removed the objects that obstructing the exit area.</p>	<p>12/12/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> Path to area of refuge obstructed with bedside table and folded wheelchair.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency in the future, PCG made a sign on both exit area " DO NOT BLOCK EXIT WAY" PCG educated all SCG about the importance of maintaining unobstructed path towards exit to ensure safety during emergency.</p>	

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

Amalia D Maestro

Date: \_\_\_\_\_

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