

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Tanisue Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 1615 Hoolana Street, Pearl City, Hawaii 96782</b>	<b>Inspection Date: September 16, 2022 Annual</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.**

STATE LICENSING SECTION  
STATE OF HAWAII  
DEFICIENCIES

SEP 22 2 11:26

	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><b>FINDINGS</b> Resident #1 – Physician order dated 6/29/22 states, “bisacodyl 10mg rectal suppository sup; Insert 1 suppository rectally daily as needed for constipation. Give if no BM for 2 days”; however, medication unavailable. No documented evidence medication order was cancelled by physician.</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, the physician provided an order to discontinue the bisacodyl.</p>	<p>a/11/22</p> <p style="text-align: right;">22 NOV -2 P1:26</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DOH-ORCA STATE LICENSING</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><b><u>FINDINGS</u></b>  Care plan dated 8/3/22 and 9/8/22 states, "check incontinence pad every 2 hours and as needed"; however, no documented evidence this task is being performed timely, as indicated.</p>	<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>	<p style="text-align: right;">22 OCT 10 P1 58</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Current care plan dated 8/3/22 and 9/8/22 states, “5. Give midodrine HCL 2.5mg 1 tab via GT TID”; however, current physician’s order dated 6/29/22 and 8/19/22 states, “Midocrine HCL 2.5mg 1 tab via g-tube QAM. Hold for SBP &gt;140.”. Care plan does not reflect physician’s orders.</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 style="text-align: center;">Yes, RN case manager updated care plan during her monthly visit, discontinued midodrine on 8/3/22 and wrote PCP's new order.</p>	<p style="text-align: center;">10/17/22</p> <p style="text-align: center;">22 NOV -2 P 1:26</p> <p style="text-align: center;">STATE OF HAWAII  <small>Department of Health</small>            STATE LICENSING</p>



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Licensee's/Administrator's Signature: Clarisa Tanisue

Print Name: CLARISA TANISUE

Date: 10/24/2022

STATE OF HAWAII  
DH-000A  
STATE LICENSING

22 NOV -2 P 1:26

Licensee's/Administrator's Signature: Clarisa Tanisue

Print Name: CLARISA TANISUE

Date: 10/7/2022

STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE  
STATE LIQUOR STORE  
22 OCT 10 P1:58