

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 12, 2023 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.

	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 and annual tuberculosis clearances 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;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Above SCG is no longer employed.</p>	<p style="text-align: center;">4-13-23</p>

	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 and annual tuberculosis clearances 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>Create a checklists of SOG requirements with expiration dates and place this piece of paper in my Care Home Binder. And to review my checklists once a month.</p>	<p>7-11-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 - Valid first aid certification unavailable for review</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> yes</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 - Is no longer employed.</p>	<p>4-13-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 - Valid first aid certification 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>Create a Log In Book/checkboxes with caregiver's CPR First aid Fingerprint Physical Exam TB clearance Inservices</p> <p>With Dates done & Expiration Dates. And to review my checklist every month.</p>	<p>7-11-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Two (2) boxes of Ensure Nutrition Shake store on the floor in bedroom closet.</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;">The 2 boxes of Ensure were moved to the higher shelf in the closet</p>	<p style="text-align: right;">4-12-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Two (2) boxes of Ensure Nutrition Shake store on the floor in bedroom closet.</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>Besides posting the reminder notes on the fridge, will do inservices on food sanitation every year.</p> <p>For anything not done properly, should be addressed on the spot.</p>	<p>7-11-23</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> Cleaning agents (e.g. Comet powder cleaner and Lysol disinfecting spray) stored unsecured in bathroom cabinet under sink</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;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Cleaning agents (Comet powder cleaner and Lysol disinfecting spray) were transferred and stored in a locked cabinet under the kitchen sink.</p>	<p style="text-align: center;">4-12-23</p>

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<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 Cleaning agents (e.g. Comet powder cleaner and Lysol disinfecting spray) stored unsecured in bathroom cabinet under sink</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>Type written reminders was also posted on the bathroom cabinets saying "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>4-12-23</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 4/6/23 states, "change Lexapro to 10mg PO daily for restlessness"; however, medication label states, "Escitalopram 5mg tablet. Give 1 tablet by mouth one time a day for restlessness". Medication label does not reflect physician's order.</p>	<p style="text-align: center;">PART I</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>Old bottle of Escitalopram 5mg discarded.</p> <p>New bottle with new order placed in the medicine cabinet.</p>	<p>7-11-23</p>

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<p>2 <u>§1-106-2-15 Medication:</u> All medicines prescribed by physicians and dispensed by pharmacists shall be correctly properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ANCH/Expanded ANCH 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 other resident's belongings or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 4/6/23 states, "change Lexapro to 30mg PO daily for restlessness", however, medication label states, "Escitalopram 5mg tablet. Give 1 tablet by mouth one time a day for restlessness". Medication label does not reflect physician's order.</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>Always tessed all prescription SAP Replace with new order. To check medicine labels with doctor's orders after each visits. Post reminder notes on my checklist folder, review my "TO DO LIST" at the end of the day.</p>	<p>T-11-23</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 – No documented evidence the following conflicting medication orders dated 3/29/23 were clarified with physician:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg tablet – Give 1,000mg by mouth three times a day for back pain do not exceed 3 grams/day • Acetaminophen 325mg tablet – Give 2 tabs every 4 hours as needed for pain/temp >100°F, Max 3 gms Tylenol/day” 	<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;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Acetaminophen 500mg tab – 1000mg po 3x a day NTE 3gms/day was discontinued by PCP.</p> <p>New Order: Acetaminophen 325mg tab. give 2 tabs every 4 hours as needed for pain/Temp > 100°F. Max: 4 gms for 24 hours.</p>	<p>4-12-23</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> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #2 – No documented evidence of monthly body weight measurements obtained from 4/2022-4/2023, except for 1/2023.</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><i>Typewritten reminder posted on the living area cabinet saying. " Take /OBTAIN monthly VS & weights."</i></p>	<p style="text-align: right;">4-13-23</p>

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Licensee's/Administrator's Signature: Elisha M. Magsanide

Print Name: EDITHA M. MAGSANIDE

Date: 5-2-2023

2023-05-02
Elisha M. Magsanide

Licensee's/Administrator's Signature: Editha Maganide
Print Name: EDITHA MAGSANIDE
Date: July 11, 2023