

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary's Peaceful Haven, LLC	CHAPTER 100.1
Address: 2777 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: April 13, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 JUN 22 01:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary care giver, Substitute care giver #1: no documented evidence of Fieldprint background check.</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>PCG, SCG #1 made an appointment for Fieldprint, completed on 4/26/23. Results on file.</p>	<p>4/27/23</p> <p>STATE OF HAWAII DOH-DOHA STATE LICENSING</p>

78 JUN 22 AM 1:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary care giver, Substitute care giver #1: no documented evidence of Fieldprint background check.</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>PCG, SCG #1, SCG #2, and SCG #3 to write a reminder on the calendar to have test, and obtain results 2 months before expiration in the year 2025, place copies on file.</p> <p>Calendar reminder is for the year 2025</p>	<p>4/27/23</p>

STATE OF HAWAII
DEPT. OF HEALTH
PROF. LICENSING

20 JUN 22 AM 1:46

	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><u>FINDINGS</u> Resident #1: No documented evidence of annual physical examination.</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>	

	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><u>FINDINGS</u> Resident #1: No documented evidence of annual physical examination.</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>PCG will make sure to put a reminder on the calendar for Resident's MD/annual physical 2-3 months prior to expiration date.</p>	<p>4/27/23</p> <p>STATE OF HAWAII HCH-ONCA STATE LICENSING</p>

23 JUN 22 AM 1:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) 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.</p> <p>FINDINGS Resident #5: Physician diet order of "no added sugar". No documented evidence that special diet is being provided.</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>PCG called Resident's PCP for diet correction, changed to regular/low salt. Copy on file from new order.</p> <p>PGC created special diet menu for low salt as of 4/28/23</p> <p>Low salt diet menu has been generated and is on file.</p>	<p>4/28/23</p>

STATE OF HAWAII
DEPT. OF HEALTH
Nursing License Division

73 JUN 22 01:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #5: Physician diet order of "no added sugar". No documented evidence that special diet is being provided.</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>PCG to review resident's PCP order for inconsistent orders, and will promptly communicate with PCP in order to provide correct diet and nutrition. PCG and SCG's will refer to resident's newly designated "low salt diet" when planning and preparing meals.</p> <p>After every visit, PCG will double check diet order and generate menu if needed. We will remember by adding a reminder in personal calendar and care home binder.</p>	4/27/23

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

23 JUN 22 AM 1:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) 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 #5:Prazosin 2mg cap, 4mg in AM and 2mg in PM PO, hold if SBP is <110, initial order on 5/31/22. No documented evidence that blood pressure is being monitored prior to medication being administered.</p>	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>STATE OF HAWAII 8041 OHIA 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><u>FINDINGS</u> Resident #5: Prazosin 2mg cap, 4mg in AM and 2mg in PM PO, hold if SBP is <110, initial order on 5/31/22. No documented evidence that blood pressure is being monitored prior to medication being administered.</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>PCG and SCG's to read and follow medication orders per the instructions on the bottle/container. Promptly record onto med list, keep on file. Using printed medication list as reminder.</p> <p>Blood pressure is being monitored and recorded onto a specific paper chart which is kept in the care home binder. We will double check notes before administering medications, and will remember to promptly record/chart information by writing a reminder in care home binder, specifically next to the particular medication which requires blood pressure check before administration.</p>	<p>4/27/23</p>

STATE OF HAWAII
DHCA
STATE LICENSING

73 JUN 22 AM 4:45

	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><u>FINDINGS</u> Resident #4: No documented evidence of monthly recording of weight for February 2023 and March 2023.</p>	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>PCG and SCG's have monthly (on the first of each month) calendar reminder to measure and record weight of each resident promptly. Residents will be weighed using a standing weight scale, and will be alternately measured via arm circumference if necessary.</p>	

STATE OF HAWAII
DOH
STATE LICENSING

20 JUN 22 AM 4:5

	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 #4: No documented evidence of monthly recording of weight for February 2023 and March 2023.</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>PCG to use alternate way to measure weight if resident cannot stand up. Method by using tape measure on resident's arm, record results as MD orders.</p> <p>We will remember to use an alternative form of checking patient's weight by writing a reminder note in care home binder, as well as a calendar reminder.</p>	<p>4/27/23</p>

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

29 JUN 22 11:45

Licensee's/Administrator's Signature: *Marivic M. Pardo*

Print Name: MARIVIC M. PARDO

Date: 06/22/2023

STATE OF HAWAII
DOT-CHCA
STATE LICENSING

73 JUN 22 AM 11:45