

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Monegas Care Home and Expanded ARCH	CHAPTER 100.1.
Address: 94-913 Kuhaulua Street, Waiphau, Hawaii 96797	Inspection Date: March 23, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - APRN's diet order is non-standard. Needs clarification.</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>Primary care physician changed her diet from Non Standard to Regular Diet and ready for review,</p>	<p>6-6-23</p>

JUN 07 2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u>  Resident #1 - APRN's diet order is non-standard. Needs clarification.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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>During PCP visit thru Telehealth or in person, have a care home notebook, take a note and order, apotate for her visit. For telehealth visit, upon received the visit summary, notified immediately her PCP if changes occur, clarify the last visit order. In the Physician Record write the time, date for the changed and let her sign for the next PCP visit, paste a note for the PCP to sign. Document in the progress record. For in person visit before leaving the visit checked the Physician note, review and clarify if did not match the order. Asked the substitute caregiver to double check.</p>	<p>6/6/23</p>

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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><b><u>FINDINGS</u></b> Resident #1 - On 6/10/22 APRN ordered, "Tylenol 650mg, take 1 tab every 6 hours PRN", however no indication for PRN was provided. Order needs clarification.</p>	<p style="text-align: center;">PART 1</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>Telephone order obtained for Tylenol with indication for PRN</p>	<p>10/23/23</p>

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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><b><u>FINDINGS</u></b> Resident #1 - On 9/2/22 two new medications appeared on resident's medication list: "Benztropine Mesylate 0.5mg" and Sertraline 25mg 1 tab PO QD". Medication was not transferred to medication administration record or ordered not pharmacy. Needs clarification.</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>Clarified her 2 medications by her Primary care Physician. PCP said " she followed from the old order in her note and did not order from the pharmacy. A copy ready for review.</p> <p>Resident no longer ordered this medications</p>	<p>6/6/23</p>

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☒	<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><u>FINDINGS</u></b> Resident #1 - On 9/2/22 two new medications appeared on resident's medication list: "Benztropine Mesylate 0.5mg" and Sertraline 25mg 1 tab PO QD". Medication was not transferred to medication administration record or ordered not pharmacy. Needs clarification.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>&gt; To prevent this from happening again in the future, all medications order will be double checked by me and a s/c if there are any discrepancies they will be followed up on promptly.</p>	<p>10/23/23</p>

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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><b><u>FINDINGS</u></b> Resident #1 - On 6/2/22 visit summary order from Psychiatrist reads, "Mirtazapine 7.5mg tab, give ½ to 1 tab and we will try to increase to full tab gradually". Order is unclear and needs clarification.</p>	<p style="text-align: center;">PART 1</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;"><i>Medications was discontinued on 5/3/23 per <del>MD</del> MD ordered.</i></p>	<p style="text-align: center;">10/23/23</p>



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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><b><u>FINDINGS</u></b> Resident #1 - On 6/2/22 Resident's medication list included Seroquel 100mg, 1 tab by mouth at bedtime. Then on 1/12/23 doctor added, "Start Seroquel 25mg at bedtime PRN take consistently for one week", however no indication was provided for PRN. Needs clarification.</p>	<p style="text-align: center;">PART 1</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><i>I have clarify to her APRN to give routine by her medication due to improvement and tolerated</i></p>	<p style="text-align: center;">3/25/23</p>

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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><b><u>FINDINGS</u></b> Resident #1 - On 3/2/23 Psychiatrist writes "Continue Seroquel 125mg at bedtime", however, no previous order for this was made. Previous orders were "Seroquel 100mg by mouth at bedtime" and "Start Seroquel 25mg at bedtime PRN". Needs clarification.</p>	<p>PART 1</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>Order clarified "Seroquel 100 mg. qhs"</p>	<p>3/25/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #1 - On 6/10/22 – APRN changed order for Tylenol from every 6 hours to every 8 hours, however, Resident's medication administration record was not edited to reflect new order.</p>	<p>PART I</p> <p><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>§11-100.1-17 <u>Records and reports.</u> (a)(3)  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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b>FINDINGS</b>  Resident #1 - Resident's DPOA for health-care decision legal document states that she will remain her own decision maker until such time as her physician determines that she is unable to. At which time the designee will take over. However, there is no documented evidence that physician has made such a determination, yet designee is documented in several places in the record as being the Resident's health care decision maker. Needs to be clarified.</p>	<p style="text-align: center;">PART 1</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>DPOA for health care decision legal document was completed by designee (resident #1)  Documentation has been filed in the resident Record.</p>	<p>6/6/23</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>FINDINGS</b> Resident #1 - 1/12/23 Psychiatrist ordered, "Start Seroquel 25mg at bedtime PRN take consistently for one week", however medication continued to be given daily. No documentation in progress notes justifying need for daily PRNs.</p>	<p>PART 1</p> <p><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> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 - No incident report available describing residents fall noted on 7/22/22 APRN after visit summary.</p>	<p style="text-align: center;">PART 1</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><i>Late Entry            Incident report was completed and kept in the care home folder for review. Documented the incident in the progress record.</i></p>	<p><i>Late            Entry            3/23/23</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Emergency information is outdated.</p>	<p style="text-align: center;">PART I</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;"><i>Emergency information completed and updated and available for review</i></p>	<p style="text-align: center;"><i>3/23/23</i></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 - Resident's care plan indicated that they are on a regular diet, however, APRN notes on many dates state that resident is to be on a "low fat/carb/chol/sugar/salt diet".</p>	<p style="text-align: center;">PART 1</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><i>Resident diet was updated. I notified resident care manager for the changes from low fat / carb / chol / sugar / salt diet to regular diet by her PCP</i></p>	<p>6/6/23</p>



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Licensee's/Administrator's Signature: Brenda Monegas

Print Name: BRENDA M. MONEGAS

Date: 6/6/23

Licensee's/Administrator's Signature: Brenda Monegas

Print Name: BRENDA M. MONEGAS

Date: 10/23/23