

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maestro Care Home II	CHAPTER 100.1
Address: 141 Hoomalu Street, Pearl City, Hawaii 96782	Inspection Date: June 12, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #2 – Level of care (LOC) on readmission states ARCH LOC; however, the scoring indicates EARCH LOC. Per PCG, resident improved and physician reassessed LOC on 2/8/24 but documentation unavailable for review. <i>Please obtain a revised LOC and submit documentation with your plan of correction (POC).</i></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>PCG contacted resident's health care provider and requested to complete another LOC reassessment for resident. PCG received updated/corrected resident's LOC from health care provider on 6/13/2024. (Documentation emailed separately to RN Consultant on 6/19/2024)</p>	<p>6/12/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #2 – Level of care (LOC) on readmission states ARCH LOC; however, the scoring indicates EARCH LOC. Per PCG, resident improved and physician reassessed LOC on 2/8/24 but documentation 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>To prevent this deficiency from happening again, Licensee added the level of care to the Resident's Admission/Readmission checklist whenever there is a change in resident's condition ie: post hospitalization, change in level of care. The checklist will be use to update the Plan of care reflecting the current condition and needs of the resident. The Licensee set up a monthly reminder on her phone to review and ensure that all PCG assessments are completed ie: resident's Level of Care matches the Physician's/provider's written assessment.</p>	<p>6/13/2024</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 #1 – Physician order dated 7/20/23 states, “Food supplement, lactose-reduced (Ensure) oral liquid take 2 bottles by mouth daily AS NEEDED.” However, MAR shows “Ensure 2 botls by mouth everyday for poor appetite.” <i>Clarify the order with the physician and submit documentation with your POC.</i></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>PCG contacted resident's health care provider to clarify the order for the supplement Ensure. PCG received an updated physician's order. (Documentation emailed separately to RN Consultant on 6/19/2024)</p>	<p>6/12/2024</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><u>FINDINGS</u> Resident #1 – Physician order dated 7/20/23 states, “Food supplement, lactose-reduced (Ensure) oral liquid take 2 bottles by mouth daily AS NEEDED.” However, MAR shows “Ensure 2 botls by mouth everyday for poor appetite.”</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>To prevent this deficiency in the future, the Licensee set up a weekly reminder on her phone every Saturday. This will remind the Licensee to review all residents' MAR and cross match with the Physician's/provider's order. The PCG will make a secondary review to ensure accuracy of the MAR against Physician's/provider's orders and following the 5 R's: Right resident's name, medication, route, dose, and time.</p>	<p>6/13/2024</p>

	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><u>FINDINGS</u> Resident #3 – Incident report was filed in the resident's record.</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>PCG removed the incident report from the resident's chart and placed it in a separate folder.</p>	<p>6/12/2024</p>

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<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><u>FINDINGS</u> Resident #3 – Incident report was filed in the resident's record.</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>Licensee created a list of documents that needs to be filed appropriately in specific folders including incident reports.</p> <p>The Licensee set up a monthly reminder on her phone to review Residents' and Care Home charts to ensure that any completed forms are filed appropriately.</p>	<p>6/13/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – No physician order to check weight measurements using mid-arm circumference.</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>PCG contacted resident's health care provider to request an order using mid-arm circumference for a resident that has unstable gait or unable to stand on a weighing scale. PCG received a written order from health care provider on 6/13/2024.</p>	<p>6/12/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – No physician order to check weight measurements using mid-arm circumference.</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>To prevent this deficiency in the future, on Resident's Admission/readmission check list, Licensee added: 1) Mode of obtaining monthly weight recording for the resident. If resident has unstable gait or unable to stand in a weighing scale, PCG to obtain an order from MD to use arm circumference or waive the weight assessment.</p> <p>Licensee set up a reminder on her phone to review Resident's chart every month to ensure that residents' weight were obtained and recorded accordingly.</p>	<p>6/13/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #3 – Monthly weight log shows a significant weight change from June 2023 (105 lbs) to July 2023 (121 lbs). No documentation in the progress notes of the cause of weight gain and whether the physician was notified of the changes.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards</u>, (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #3 – Monthly weight log shows a significant weight change from June 2023 (105 lbs) to July 2023 (121 lbs). No documentation in the progress notes of the cause of weight gain and whether the physician was notified of the changes.</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>To prevent this deficiency in the future, Licensee set a reminder on her phone every month to review the Residents' and Care Home charts to ensure that any significant changes in residents' condition are documented in the Progress Notes and reported to Physician and other specialist.</p>	<p>06/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Current care plan (4/17/24) was not updated to reflect the following:</p> <ul style="list-style-type: none"> • Ensure 2 bottles daily PRN • Discontinuation of Probiotic on 3/5/24 <p><i>Have the case manager revise the care plan and submit documentation with your POC.</i></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>Licensee contacted resident's CCMA, and requested to update the current care plan reflecting the frequency of the supplement and discontinuation of Probiotic</p> <p>Licensee received an updated care plan on 6/18/2024</p> <p>(Documentation emailed separately to RN Consultant on 6/19/2024)</p>	<p>6/12/2024</p>

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☒	<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><u>FINDINGS</u> Resident 71 - Current care plan (4/17/24) was not updated to reflect the following:</p> <ul style="list-style-type: none"> • Ensure 2 bottles daily PRN • Discontinuation of Probiotic on 3/5/24 	<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>To prevent this deficiency from happening, the Licensee and PCG will review the care plan issued by the CCMA to ensure that physician orders and changes are reflected in the plan of care. The Licensee will contact the CCMA if there is a discrepancy with the care plan against the physician's orders and if there are changes and new orders that needs to be added.</p> <p>The plan of care for each resident will be reviewed every Saturday and as needed.</p>	6/13/2024

Licensee's/Administrator's Signature: *Amalia*

Print Name: Amalia Maestro

Date: 06/19/2024