

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Magsanide's Care Home, L.L.C.</b>	<b>CHAPTER 100.1</b>
<b>Address: 1439 Middle Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: April 16, 2025 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 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>§11-100.1-15 <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><b>FINDINGS</b>  Resident #1- Medication label do not match physician order:</p> <table border="1" data-bbox="336 722 946 1055"> <tbody> <tr> <td data-bbox="336 722 644 901"> <b>11/18/24- Carbidopa-Levodopa 25-100 mg</b>  2 tabs 5x a day </td> <td data-bbox="644 722 946 901"> <b>Carbidopa-Levodopa 25-100mg</b>  Take 1-2 tablets orally 5 times a day (7-8 tabs daily) </td> </tr> <tr> <td data-bbox="336 901 644 1055"> <b>12/24/24- Nystatin 100,000 unit/g powd</b>  Apply to affected area 2 times a day as needed for rash </td> <td data-bbox="644 901 946 1055"> <b>Nystatin 100,000 unit/g powd</b>  Apply to affected area every day </td> </tr> </tbody> </table>	<b>11/18/24- Carbidopa-Levodopa 25-100 mg</b> 2 tabs 5x a day	<b>Carbidopa-Levodopa 25-100mg</b> Take 1-2 tablets orally 5 times a day (7-8 tabs daily)	<b>12/24/24- Nystatin 100,000 unit/g powd</b> Apply to affected area 2 times a day as needed for rash	<b>Nystatin 100,000 unit/g powd</b> Apply to affected area every day	<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>Deficiency corrected by changing the Medication label following what the doctor's had written.</p> <p>Medication profile was also corrected as written on the doctor's orders.</p>	<p>4/16/25</p>
<b>11/18/24- Carbidopa-Levodopa 25-100 mg</b> 2 tabs 5x a day	<b>Carbidopa-Levodopa 25-100mg</b> Take 1-2 tablets orally 5 times a day (7-8 tabs daily)						
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<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>FINDINGS</b> Resident #1- Physician ordered on 12/13/24 for "Clonazepam total of 6 mg a day- 1mg @ 2am, 1mg @ 6am, 2mg @ 1730, 2mg @ 2100"; however, the December 2024 medication administration record (MAR) was written as "Clonazepam 2 mg 1 tab PO 3x a day- 01 (2mg), 06 (1mg), 16 (1mg), 20 (2 mg)". The physician order does not match the MAR.</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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<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- Incident occurred on 6/30/24 with an emergency visit and progress note regarding, "Closed fracture head of right humerus"; however, no documented evidence of an incident report.</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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<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><b><u>FINDINGS</u></b> Resident #1- Arm circumference was used to measure weight from January 2025 to April 2025 with no documented evidence of a physician order.</p>	<p><b>PART 1</b></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>Doctor's order was obtain to use arm circumference to measure resident's weight since she is bedridden.</p>	4/16/25



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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><b><u>FINDINGS</u></b>  Resident #1- Admission was 6/10/23 with no documented evidence that the resident has had an annual dentist examination.</p>	<p><b>PART 1</b></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>I did ask resident if she is interested in having a dental check up but considering her condition she declined to go for a dental check up and that was documented in her progress notes.</p>	4/16/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e)  The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1- No documented evidence that the substitute caregivers (SCG) received training from the primary caregiver (PCG) with the assistance of the case manager to ensure that all services and interventions are indicated in the expanded ARCH resident's care plan.</p>	<p><b>PART 1</b></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>Such responsible CM was notified to provide evidence for such training received. Documents placed in resident's binder.</p>	4/16/25

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Licensee's/Administrator's Signature: Editha Magsanide

Print Name: Editha Magsanide

Date: Apr 23, 2025