Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary Ann's	**CHAPTER 100.1**
Address: 745 Puu Kala Street, Pearl City, Hawaii 96782	**Inspection Date: February 17, 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
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Raid bug spray unsecured on stairs near resident's dining table.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This deficiency was address right away on 2/17/23. Raid bug spray that was by the stairs was secured under the sink with a pad lock —Mpond	5-19-23 '23 MAY 22 A11:54 STATE OF HAWAII DOH/OFFICE STATE LICENSING 5/18/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Raid bug spray unsecured on stairs near resident's dining table.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** to prevent this deficiency from happening again I made a list of all our cleaning supplies including toxic chemicals that needs to be locked in a cabinet. CG + SCG discuss and agreed that all cleaning agents will be kept in lock cabinet. CG put bright stickers on cleaning supplies / toxic chemicals with a note " SECURE ME " CG also have a reminder note by the sink to keep sink cabinet locked.	5/19/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – 6/3/22 Physician's order states to Decrease Mirtazapine 15mg ODT from three (3) tabs by mouth at bedtime, to two (2) tabs by mouth at bedtime x 14 days, then decrease to one (1) tab by mouth at bedtime x 14 days, then decrease to ½ tab by mouth at bedtime, however, the following errors were noted on the medication administration record (MAR): 1. Decrease to two (2) tabs by mouth at bedtime x 14 days does not start until 6/7/22. 2. Decrease to one (1) tab by mouth at bedtime x 14 days was initialed as given from 6/21/22 to 6/26/22 and then from 7/1/22 to 7/31/22. 3. Decrease to ½ tab was to take place after 14 days of one (1) tab, however, MAR is initialed as given simultaneously with one (1) tab from 7/1/22 to 7/31/22.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** '23 MAY 22 A11:52 STATE LICENSING	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – 6/3/22 Physician's order states to Decrease Mirtazapine 15mg ODT from three (3) tabs by mouth at bedtime, to two (2) tabs by mouth at bedtime x 14 days, then decrease to one (1) tab by mouth at bedtime x 14 days, then decrease to ½ tab by mouth at bedtime, however, the following errors were noted on the medication administration record (MAR): 1. Decrease to two (2) tabs by mouth at bedtime x 14 days does not start until 6/7/22. 2. Decrease to one (1) tab by mouth at bedtime x 14 days was initialed as given from 6/21/22 to 6/26/22 and then from 7/1/22 to 7/31/22. 3. Decrease to ½ tab was to take place after 14 days of one (1) tab, however, MAR is initialed as given simultaneously with one (1) tab from 7/1/22 to 7/31/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In order to prevent this deficiency from happening again in the future I added in my medication checklist 1. communicating updates, changes with SCC. 2. post it notes to remind SCC, CG of medication change on update. 3. Calendar notes most especially when changes are often (ex. days, in a wk, in couple wks) 4. follow up call with MD to verify, clarify of the change. 5. attending inservice about this topic " medication documentation. 6. Using highlighters to mark date change.	5/19/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – 6/3/22 Physician's order states to stop "Gabapentin 100mg cap take four (4) caps at noon and four (4) caps at 4pm", however, MAR indicates medication was given until 6/7/22.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	5/19/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – 6/3/22 Physician's order states to stop "Gabapentin 100mg cap take four (4) caps at noon and four (4) caps at 4pm", however, MAR indicates medication was given until 6/7/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this depiciency from happening again I made a checklist that includes 1. MAR update on new MD medication order immidiately 2. Using post.it sticker to remind about the change of the medication. 3. communicating or endorsing to SCGs all changes that way made during the MD visit 4. using a communication log as additional method of reminding caregives about updates, changes on daily basis NOTE: What's NEW. 5. Refresher inservices will be of great help in improving how to document. 6. Always call MD to verify and clarify charges. —mjsoul	5/19/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – For the month of 6/2022 the MAR was not initialed from 6/27/22 through 6/30/22.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	'23 MAY 22 AM 11:51

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – For the month of 6/2022 the MAR was not initialed from 6/27/22 through 6/30/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from occurring again I included in my medication check list 1. document immediatly after every medication administration 2 Review or check documentation at the last medication administration to see if the medication that were given during day was all signed or documented. 3. Using post it to remind for any missing initials, and also a way to communication to CG + SCGS to avoid this ~~deficiency~~ deficiency from happening again 4. attending inservice to refresh knowledge about this topic. mje	5/10/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Order for Mirtazapine 7.5mg take one (1) tab by mouth at bedtime was only initialed on 12/1/22 for the month of 12/2022. No discontinue order available for review.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Order for Mirtazapine 7.5mg take one (1) tab by mouth at bedtime was only initialed on 12/1/22 for the month of 12/2022. No discontinue order available for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this depiciency from happening again in the future I added a checklist that include 1. document immidiately 2. obtain PCP order for any change in medication, 3. follow up call 2 MD to clarify + verify change, 4 attending inservice about this topic will be of great help my	5/19/23

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STATE OF HAWAII
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STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Progress notes do not note progress towards care plan goals.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** '23 MAY 22 A11:50	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Progress notes do not note progress towards care plan goals.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** As a prevention to this discrepancy from happening again I added a checklist 1. started a binder facesheet reminder note a. documentation done ? Better reminder for CC + SCG's to document immediately on any observation, specific details, progress, response to medication, treatment diet. behavior. 2. Inservices will help a lot; topic like documentation. —— gp STATE OF HAWAII DEPT OF HEALTH STATE LABORATORIES '23 MAY 22 A11:50	5/19/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(5) During residence, records shall include: Entries detailing all medications administered or made available; **FINDINGS** Resident #1 – Prolia injection 1ml every six (6) months is not documented in progress notes or MAR	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(5) During residence, records shall include: Entries detailing all medications administered or made available; **FINDINGS** Resident #1 – Prolia injection 1ml every six (6) months is not documented in progress notes or MAR	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from occuring again in the future I added in my medication checklist to document immediately any medications/procedures whether it was done in the clinic and any observation on how the resident responded to it. also, a post it note reminder that it be documented on both PN + MAR Using Facesheet reminder notes again to remind & update CAREN as well for ccare plan purposes.	5/19/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Emergency information incomplete.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** On Feb. 17, 2023 I completed and updated EMERGENCY INFORMATION for each resident — TJZ '23 MAY 22 A11:50 STATE LICENSING	5/22/23

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☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Emergency information incomplete.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from happening again I added in my Emergency information checklist 1. post it reminder on resident's information that was kept blank to remind CG that there is a missing information that needs to be updated on completed. 2. using Face sheet reminder notes for updates, change on resident's information logged STATE OF HAWAII BOARD OF NURSING STATE LICENSING '23 MAY 22 A11 5/19/23	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (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. **FINDINGS** Resident #1 – Nursing care plan states to monitor blood pressure (BP) daily, however, no BP taken from 6/26 – 6/30/22, 9/25 – 9/30/22, and 10/1-10/22/22.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-87 Personal care services. (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. **FINDINGS** Resident #1 – Nursing care plan states to monitor blood pressure (BP) daily, however, no BP taken from 6/26 – 6/30/22, 9/25 – 9/30/22, and 10/1-10/22/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this dupicicency from happening again I included in my personal checklist 1. document monitored vital signs immidiately (B/P) 2. added a paacisheet reminder notes in resident binders a. medicatrion given ? sign b. vital signs checked ? document c. MD order change ? document d. incidents / change ? document e. and etc. 3 added communicaten log for CC + SCCs.	5/19/23

Licensee's/Administrator's Signature: MaryAnn Ford

Print Name: MARYANN FORD

Date: 5/19/23