

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 11, 2025 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
☒	§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. <u>FINDINGS</u> Resident #1 – ‘Melatonin 3mg QHS PRN’ ordered throughout the year from 5/23/24 to 11/22/24 did not have an indication for the PRN. Medication order eventually changed to give ‘Melatonin 5mg PO QHS’ on 1/29/25.	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. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 – ‘Melatonin 3mg QHS PRN’ ordered throughout the year from 5/23/24 to 11/22/24 did not have an indication for the PRN. Medication order eventually changed to give ‘Melatonin 5mg PO QHS’ on 1/29/25.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure that this deficiency doesn't happen again in the future, using/ setting tools as reminders will helpful, a) use calendar reminders, post it notes to clarify with PCP any changes. b) set reminders in calendar, planner, use of markings as tool c) review changes with CMRN on their monthly visits. d) be proactive on residents that family are very much involve in the care e) always call to clarify and ask questions for any changes.	02/11/2025

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☒	§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. <u>FINDINGS</u> Resident #1 – Acetaminophen 325mg on medication re-evaluation sheet generated by Primary Care Giver (PCG) and signed by PCP was an incomplete order. It did not include route, frequency, and indication if it was as needed (PRN). It was eventually observed on 11/14/24 that order changed to 'Acetaminophen 325 mg, take 650mg PO Q4 hours' then on 12/4/24, indication was added to be used for pain.	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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – 'Risedronate 10mg 1 tab once per week PO qAM 30 minutes before breakfast' did not record time it was given in the Medication Record since May 2025. 'QS' was written in place of where time of administration would typically be written.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG corrected this deficiency by correcting the resident's monthly MAR. Correction was made by making sure MAR includes resident name, name of medication, frequency, time the medication will given.	02/11/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. <u>FINDINGS</u> Resident #1 – PCG generated medication re-evaluation form and signed by PCP on 6/7/24 included 'Boost Plus 1 can PO BID,' however order was not transcribed in the Medication Record from June 2024 to January 2025. Order was eventually changed to Ensure 1 can PO BID on 1/29/25.	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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; <u>FINDINGS</u> Resident #1 First step TST planted 5/10/24 had a negative reading result dated 5/12/24, but there were no record available for Tuberculosis Skin Test (TST) reading done for second step that was planted on 5/22/24. Therefore, initial Tuberculosis (TB) clearance is incomplete.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG brought resident to Lanakila Health Center for PPD renewal. Nurse advise to do 2 steps PPD.	03/10/2025

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☒	§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. <u>FINDINGS</u> Resident #1 – white out observed on monthly case manager notes dated 1/28/25.	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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – The following medication orders were not addressed in the Care Plan: Buspirone, Lactulose, Paroxetine, Boost Plus, Acetaminophen, Docusate Sodium/Senna.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG and CMRN discussed that all medications that a resident is taking will be address when developing a care plan.	03/11/2025

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☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – The following medication orders were not addressed in the Care Plan: Buspirone, Lactulose, Paroxetine, Boost Plus, Acetaminophen, Docusate Sodium/Senna.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure that this deficiency doesn't happen again in the future. CMRN and PCG will work together to review care plan to make sure that treatments or medication orders are being address when developing care plan for a particular resident in order for the home to meet resident needs	03/11/2025

Licensee's/Administrator's Signature: maryannford
Print Name: maryannford
Date: 03/12/2025