

Office of Health Care Assurance

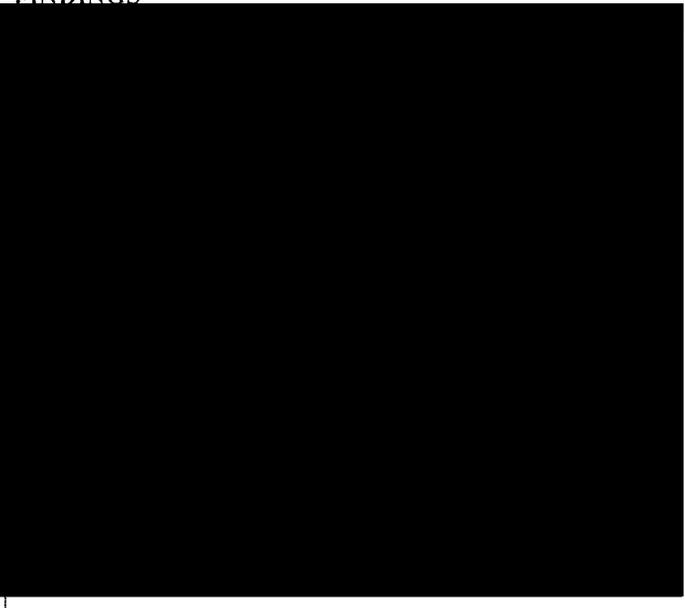
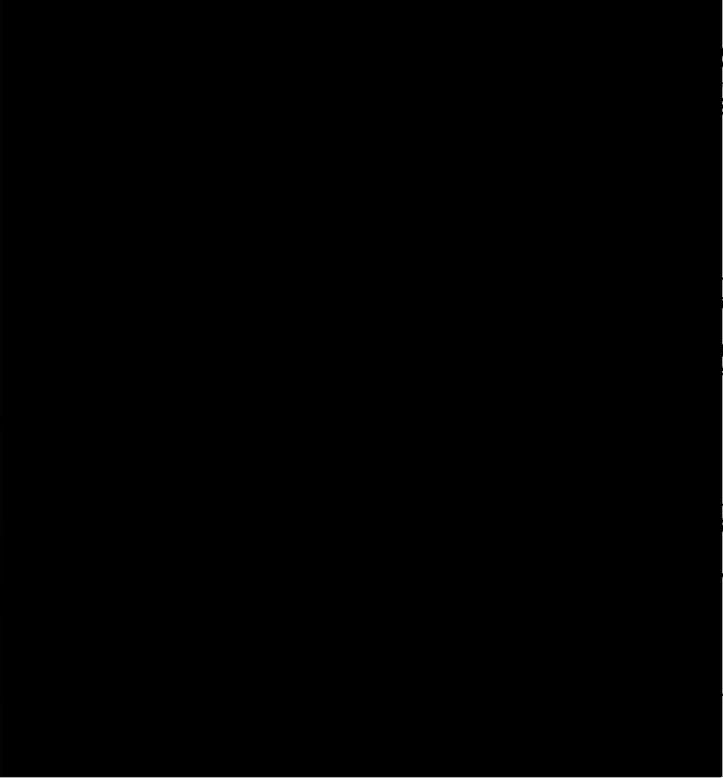
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Macusi (DDDH)	CHAPTER 89
Address: 91-730 Poloula Place, Ewa Beach, Hawaii 96706	Inspection Date: May 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1)                      All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> There was no verification of a current TB skin test for Caregiver [REDACTED] (NOTE: Submit a copy with your plan of correction.)</p>	<p><i>T.B skin test for caregiver don't forget take a copy before inspection coming visit my resident. I will submit</i></p>	<p><i>July 6, 2015 London Martin</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b>FINDINGS</b> A key lock was noted on the side exit door.</p>	<p><i>on room on file.</i></p> <p><i>I will make sure no key lock on the side exit door my husband remove it.</i></p>	<p><i>July 6, 2015 London Martin</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>[REDACTED]</p>	<p><i>July 6, 2015 London Martin</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	however, the physical examination of that same date notes that resident is unable to self-preserve.		
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b></p> 		<p>July 6, 2015 Lander Mann</p> <p>July 6, 2015 Lander Mann</p> <p>July 6, 2015 Lander Mann</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	[REDACTED]	July 6, 2015 Linda Martin
			July 6, 2015 Linda Martin
			July 6, 2015 Linda Martin
			July 6, 2015 Linda Martin

will by sure I put shipment to be  
re-fit time.

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	[REDACTED]	July 6, 2015 Linda Martin
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b>FINDINGS</b> [REDACTED] [REDACTED] the results were not noted.</p>	<p>[REDACTED]</p> <p>I will make sure to check doctor notes and label.</p>	<p>July 4, 2015 Linda Martin</p>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident</p>	<p>completely ready.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>occurs;</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p> <p>however, it was not reflected in the caregiver entries.</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>• [REDACTED]</li> <li>• [REDACTED]</li> <li>• [REDACTED]</li> </ul>	<p>[REDACTED]</p> <p>I will make sure I make notes</p> <p>[REDACTED]</p>	<p>July 6, 2015</p> <p>Lander Martin</p> <p>July 6, 2015</p> <p>Lander Martin</p> <p>July 6, 2015</p> <p>Lander Martin</p>

Licensee's/Administrator's Signature: [REDACTED]

Print Name: Lander Martin

Date: July 6, 2015

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Macusi (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 91-730 Poloula Place, Ewa Beach, Hawaii 96706</b>	<b>Inspection Date: May 28, 2015 Annual</b>

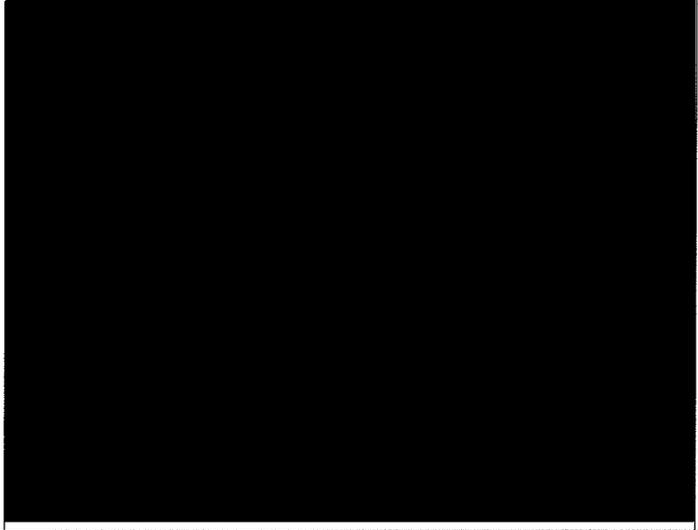
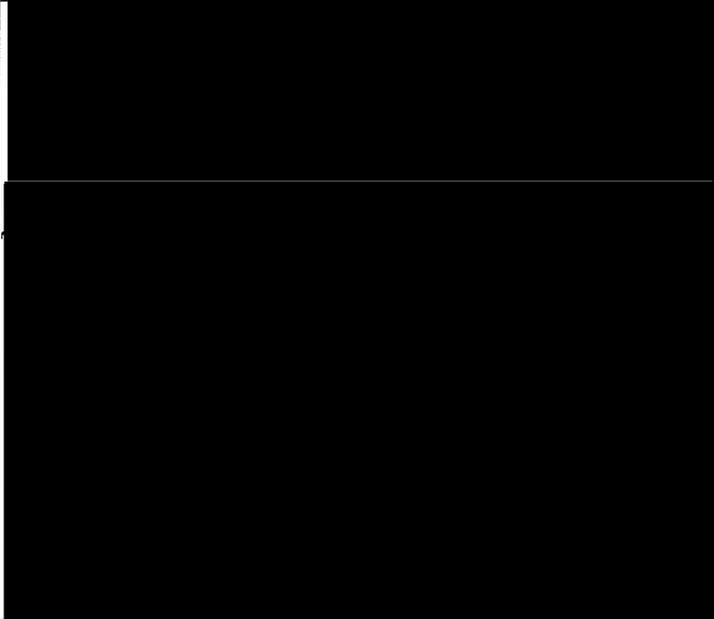
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b>            There was no verification of a current TB skin test for Caregive [REDACTED] (NOTE: Submit a copy with your plan of correction.)</p>	[REDACTED]	<p>August 10, 2015            Lander Blain</p>
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b)            Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b>FINDINGS</b>            A key lock was noted on the side exit door.</p>	<p>11-89-12 -            A key lock removed exit door            already next never put lock.</p>	<p>August 10, 2015            Lander Blain</p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3)            The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><b>FINDINGS</b>            [REDACTED]</p>	[REDACTED]	<p>August 10, 2015            Lander Blain</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p><i>I will make sure write the orders initialed P.N. as needed.</i></p> <p>[REDACTED]</p>	<p><i>August 10, 2015 London Main</i></p> <p><i>August 10, 2015 London Main</i></p> <p><i>August 10, 2015 London Main</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
[Redacted]	[Redacted]	August 10, 2015 Linda Miller
[Redacted]	I will be careful any time to checked if made medication sheets on file.	August 10, 2015 Linda Miller
[Redacted]	[Redacted]	August 10, 2015 Linda Miller

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	[REDACTED]	August 10, 2015 Lambert M. Blum
☒	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b>FINDINGS</b> [REDACTED] however, the results were not noted.</p>	[REDACTED]	August 10, 2015 Lambert M. Blum
☒	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	occurs; <b>FINDINGS</b> 		Aug 10, 2015 <i>Lourdes M. Haysi</i>  Aug. 10, 2015 <i>Lourdes M. Haysi</i>  August 10, 2015 <i>Lourdes M. Haysi</i>

Licensee's/Administrator's Signature



Print Name: Lourdes M. Haysi

Date: August 12, 2015

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
 HEALTH CARE LICENSING

<b>Facility's Name: Macusi (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 91-730 Poloula Place, Ewa Beach, Hawaii 96706</b>	<b>Inspection Date: May 28, 2015 Annual</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1)                      All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<p><b>FINDINGS</b> There was no verification of a current TB skin test for Caregiver [REDACTED] (NOTE: Submit a copy with your plan of correction.)</p>	<p>[REDACTED] I will make sure before my inspection I will make already all my paper.</p>	<p>Dec. 2, 2015 Linda Martin</p>
<p><input checked="" type="checkbox"/> §11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b>FINDINGS</b> A key lock was noted on the side exit door.</p>	<p>A key lock was removed already I will make sure everything exit door not lock.</p>	<p>Dec. 2, 2015 Linda Martin</p>
<p><input checked="" type="checkbox"/> §11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>[REDACTED] I will make sure already and corrected before inspection will come.</p>	<p>Dec. 2, 2015 Linda Martin</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>I will make sure medication record sheets are correct.</p> <p>[REDACTED]</p> <p>I will make sure medication record sheets was corrected I will make sure I check all sheets before inspection coming.</p>	<p>DEC. 2, 2015 Lorinda Khan</p> <p>DEC. 2, 2015 Lorinda Khan</p> <p>DEC. 2, 2015 Lorinda Khan</p>

Rules (Criteria)	Plan of Correction	Completion Date
[REDACTED]	[REDACTED]	Dec. 2, 2015 Londan Khan
	[REDACTED]	Dec. 2, 2015 Londan Khan
	[REDACTED]	Dec. 2, 2015 Londan Khan
	I will make sure I will follow doctor order. Q.I.D as needed was added to the medication sheet.	Dec. 2, 2015 Londan Khan

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)  During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b>FINDINGS</b>  [REDACTED]  [REDACTED] however, the results were not noted.</p>	<p>[REDACTED]</p> <p><i>Will make sure and check always.</i></p>	<p><i>Dec. 2, 2015</i>  <i>Fardes Khan</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)  During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>occurs;</p> <p><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 100%; min-height: 300px;"></div>	<div style="background-color: black; width: 100%; height: 100%; min-height: 300px;"></div>	<p>Dec 2, 2015 Lourdes Macusi</p> <p>Dec 2, 2015 Lourdes Macusi</p> <p>Dec 2, 2015 Lourdes Macusi</p>

Licensee's/Administrator's Signature:

Print Name: Lourdes Macusi

Date: Dec. 2, 2015

Office of Health Care Assurance

State Licensing Section

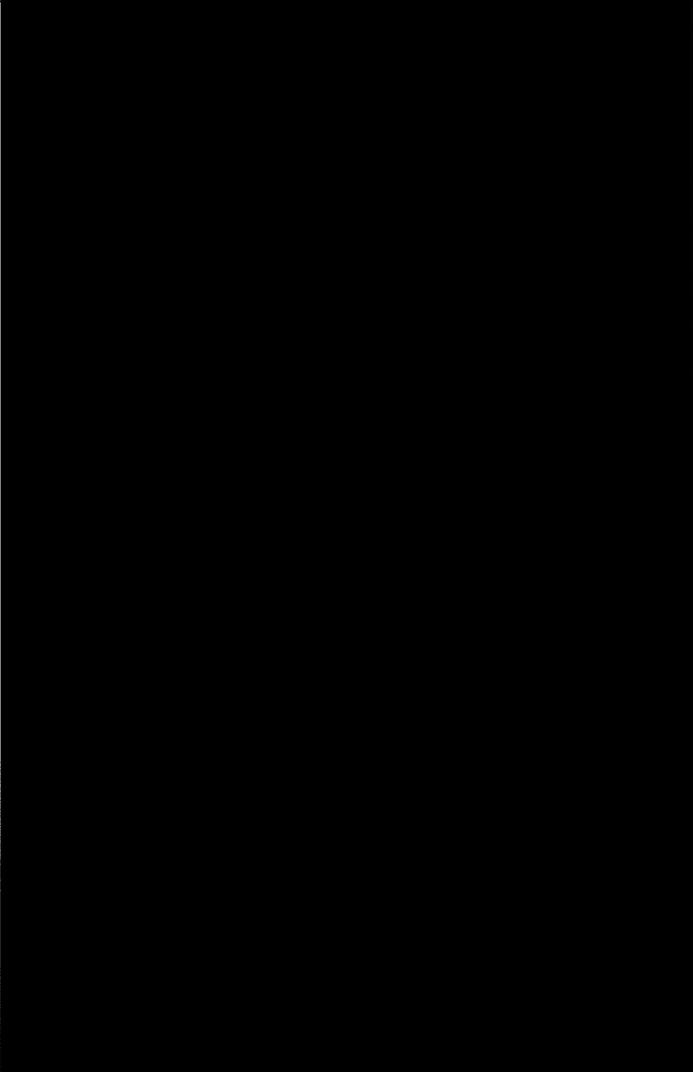
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Macusi (DDDH)	CHAPTER 89
Address: 91-730 Poloula Place, Ewa Beach, Hawaii 96706	Inspection Date: May 28, 2015 Annual

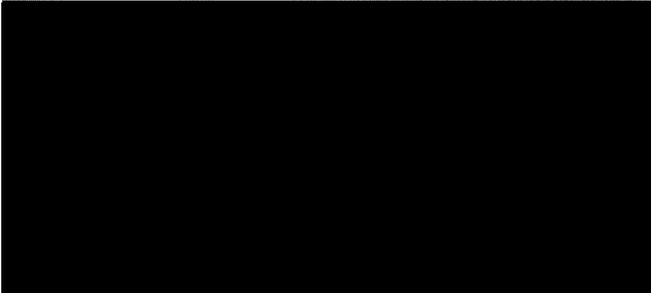
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p>	<p>I get a copy on my file I will send to address [redacted] my.</p> <p>[redacted]</p> <p>I will send my calendar with my staff due date and remind them and ask for a copy.</p>	<p>Jan. 20, 2016 Yvonne Man</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b><u>FINDINGS</u></b>            There was no verification of a current TB skin test for Caregiver [REDACTED] (NOTE: Submit a copy with your plan of correction.)</p>		
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3)            The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><b>FINDINGS</b>            [REDACTED]</p>	<p><i>I will make sure doctor the Lovell Main self Preservation write correction if not I will go back to the clinic and I will handle which paper work from the doctor office.</i></p>	<p><i>Jan. 20, 2016</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12)            Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
		<p>I will make sure double check all medication me and substituted (g) caregivers both <del>to</del><sup>the</sup> label of the medication, doctor order and medication sheet. If there are notes will go back to doctor or pharmacy. All medication order by the doctor will be listed on the medication record. at least on month my substituted double check medication record and where their changes to the medication.</p>	<p>Jan. 20, 2014</p>

	Rules (Criteria)	Plan of Correction	Completion Date
			9-21-2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b>FINDINGS</b> [REDACTED] however, the results were not noted.</p>	<p><i>I will double check doctor note if he put result. if not I will go back and have him put the result. I will also have my substituted double check the medication record.</i></p>	<p><i>Jan. 20, 2016</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p><i>I will make sure all PRN medication given to the residents document in my progress notes. I will double check all my residents record each month and also my substituted check each one of my residents.</i></p>	<p><i>Jan. 20, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
			

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: Lourdes M. Reyes

Date: Jan. 20, 2016