

Office of Health Care Assurance


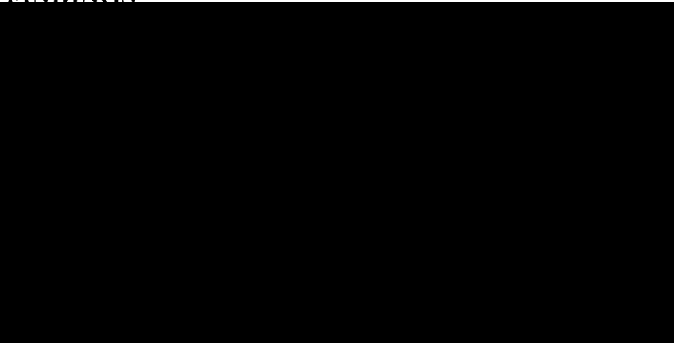
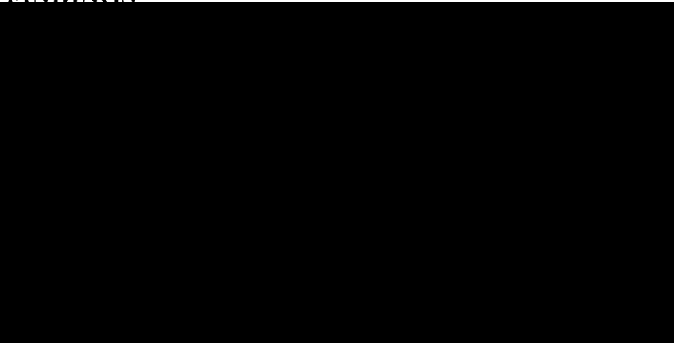
State Licensing Section


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Malbog (DDDH)	CHAPTER 89
Address: 94-338 Apowale Street, Waipahu, Hawaii 96797	Inspection Date: May 29, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS Only 1 of 5 lightbulbs in the lighting fixture was working in the residents' bathroom.</p>	<p><i>All 5 sockets of the light fixture in the bathroom have been fitted with 5 working lightbulbs. In the future, I will ensure all 5 lightbulbs are always working.</i></p>	<p><i>6/06/15</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 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><i>In the future, I will have a sub-caregiver verify all dates/times on the Medication chart have been initialed prior to filling in resident's medical binder.</i></p>	<p><i>6/06/15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u></p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u></p> <p>[REDACTED]</p>	<p><i>In the future, I will advise residents, guardians and case managers to provide required documents, including TB test, prior to admission. Residents will be denied admission on transfer date if all documents are not available.</i></p>	<p><i>6/06/15</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: 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; FINDINGS 	I have added "document regarding caregiver's follow-up on the treatment of any medical professional's recommendation or order" on my Visiting a Doctor Checklist (things to do/verify) to ensure this will not happen again in the future.	6/06/15
<input checked="" type="checkbox"/>	§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information: Entries by the caregiver describing treatments and services rendered; FINDINGS 	I have added "document BP readings or any doctor's order which is associated with a specific prescribed medication" on my New Medication Checklist (things to do/verify) to ensure this will not happen again in the future.	6/06/15
		I have added "make entries on Caregiver's Notes reflecting resident's response to any recommendation or order" on my Visiting a Doctor Checklist (things to do/verify) to ensure this will not happen again in the future.	6/06/15

Licensee's/Administrator's Signature: 

Print Name: KRISTY MALBOG

Date: 6/06/15

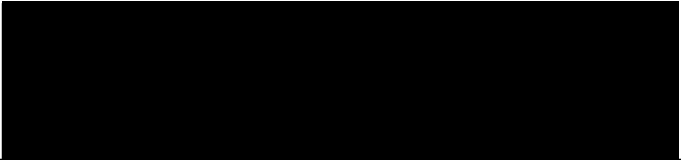
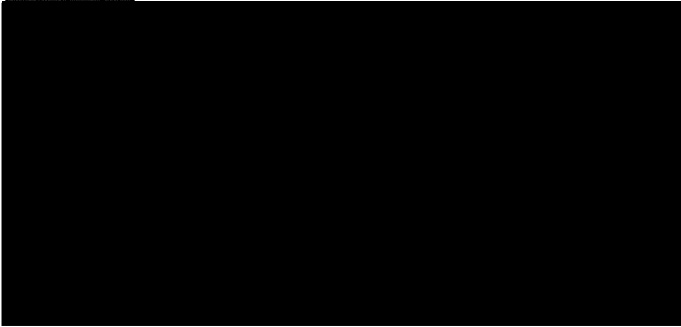
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Licensee's/Administrator's Signature: _____



Print Name: _____

Kristy Malberg

Date: _____

8/26/15


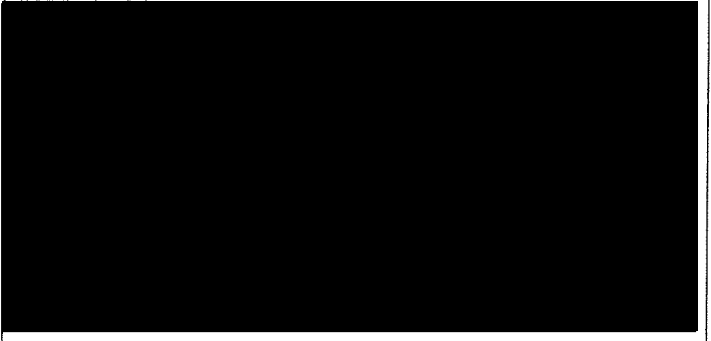
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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

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STATE OF HAWAII

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