Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Macaraeg (DDDH)** | **CHAPTER 89** |
| **Address:**<br>**94-262 Kahuahele Street, Waipahu, Hawaii 96797** | **Inspection Date: June 15, 2017 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.**

| | Rules (Criteria) | Plan of Correction | Completion Date |
|---|---|---|---|
| ☒ | §11-89-9 General staff health requirements. (a)(2)<br>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.<br><br>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.<br><br>**FINDINGS**<br>An annual TB screening was not completed for Caregiver #1, who has a history of a positive TB skin test and a negative chest x-ray thereafter. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Completed Annual TB Screening for Caregiver #1. A copy of the completed form is submitted with this Plan of Correction. | 06/14/2017 |

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| ☒ | §11-89-14 Resident health and safety standards. (e)(12) Medications:<br><br>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.<br><br>**FINDINGS**<br>For Resident #1, on January 14, 2017, physician noted to continue Lamisil AT (Terbinafine) 1% BID; however, the January 2017 medication record notes the frequency as daily as needed. The medication updates of November 21, 2016 and January 20, 2017 note the frequency as daily as needed. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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Licensee's/Administrator's Signature: Priscilla T. Macaraeg

Print Name: PRISCILLA T. MACARAEG

Date: OCTOBER 14, 2017