

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Macaraeg (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address:</b> 94-262 Kahuahale Street, Waipahu, Hawaii 96797	<b>Inspection Date: June 15, 2017 Annual</b>

**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
<input checked="" type="checkbox"/> §11-89-9 General staff health requirements. (a)(2) 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. 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. <b>FINDINGS</b> 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.	<p style="text-align: center;"><b>Plan of Correction</b></p> <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Completed Annual TB Screening for Caregiver #1. A copy of the completed form is submitted with this Plan of Correction.</p>	<p style="text-align: center;">06/14/2017</p>

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<input checked="" type="checkbox"/> §11-89-9 General staff health requirements: (a)(2) 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.  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.  <b>FINDINGS</b> 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.	<p style="text-align: center;"><b>PART 2</b> <b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The Administrator shall strictly enforce compliance and timely submission of all required documents of each individual living in this facility including those who directly provide services to the residents. Each requirement shall be completed and submitted before the expiration date. Non compliance for Direct Service Providers will result to suspension of services until all requirements are fulfilled.</p> <p>Caregiver # 1 has completed an Annual TB screening and is therefore requested to continue to provide services to the residents as a Responsible Adult as needed after this plan of correction is hereby accepted.</p>	06/16/2017 received completed Annual TB Screening Form

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<input checked="" type="checkbox"/> §11-89-14 Resident health and safety standards. (e)(12) Medications: 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. <b>FINDINGS</b> 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.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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>For Resident #1, the physical examination form of January 20, 2017 listed Ibuprofen (Motrin) 400 mg tablet, take 1 tablet by mouth 2-3 times daily as needed for pain; however, the After Visit Summary of that same date noted to continue Ibuprofen 400 mg tablet, take 1 tablet by mouth three times a day as needed for pain. The January 2017 medication record reflected that the frequency was changed from 2-3 times daily prn to 3 times daily prn on January 14, 2017.</p>	<p>Plan of Correction</p> <p><b>PART I</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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☒	<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><u>FINDINGS</u></b> For Resident #1, on April 22, 2017, physician noted to continue Ibuprofen 400 mg tablet, take 1 tablet by mouth 3 times a day as needed for pain; however, Ibuprofen was not listed on the April 2017 medication record.</p>	<p>Plan of Correction</p> <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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

Print Name: PRISCILLA T. MACFARREG

Date: OCTOBER 14, 2017