

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: June 14, 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
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (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.</p> <p>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.</p> <p>FINDINGS An annual TB screening was not completed for Caregivers #1 and #2, who have a history of a positive TB skin test and a negative chest x-ray thereafter.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>An annual T.B. screening now on file. I will make sure I will put my schedule on the calendar so that I'm not forget it and be ready on my annual inspection each year now.</i></p>	<p><i>Nov. 20, 2017</i></p> <p><i>Lundin</i></p> <p><i>Wheeler</i></p> <p style="text-align: right;">17</p> <p style="text-align: right;">00:53</p>

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☒	<p>§11-89-9 <u>General staff health requirements.</u> (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.</p> <p>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.</p> <p><u>FINDINGS</u> An annual TB screening was not completed for Caregivers #1 and #2, who have a history of a positive TB skin test and a negative chest x-ray thereafter.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will put a schedule on calendar to take annual T.B screening. I will remind caregivers one month before the annual T.B. screening is due. If not received, I will remind them again until completed.</i></p>	<p><i>May 25, 2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> For Resident #1, the physician orders of June 30, 2016 and September 30, 2016 note, Ibuprofen 200 mg tablet, take 1 tablet by mouth daily as needed. The July 2016 medication record, however, notes the strength as 300 mg.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (e) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> There was no thermometer in the downstairs refrigerator.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I put the thermometer in the downstairs refrigerator.</i></p>	<p><i>March 4, 2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (e) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> There was no thermometer in the downstairs refrigerator.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>When next caregiver goes May 25, 2018 the refrigerator we will check to make sure their thermometer, if not the thermometer will be replaced immediately by caregiver.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches, and all other poisons shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS A container of Clorox Disinfecting Wipes was unsecured in the downstairs living room area.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I put clorox disinfecting wipes up their cabinet. locked.</i></p>	<p><i>May 25, 2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches, and all other poisons shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> A container of Clorox Disinfecting Wipes was unsecured in the downstairs living room area.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Immediately after I will check disinfecting wipes. I will bring up stairs put cabinet with lock and I will double check downstairs daily. If I find toxic chemical or cleaning agents downstairs, it will be secured immediately.</i></p>	<p style="text-align: right;"><i>May 25, 2018</i></p>

Licensee's/Administrator's Signature: Louder Matusi

Print Name: Louder Matusi

Date: Nov. 20, 2017

Licensee's/Administrator's Signature: Louder Matusi

Print Name: Louder Matusi

Date: March 6, 2018

Licensee's/Administrator's Signature: Louder Matusi

Print Name: Louder Matusi

Date: May 25, 2018