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 17, 2019 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-8 Provision for services and review. (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification. **FINDINGS** Caregiver #1 – No documentation that shows eight (8) hours of inservice sessions were completed within the last year.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Please see the attached certificates, which indicate a total of 8 hours of in-service training	8/19/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-12 Structural requirements for licensure. (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. **FINDINGS** Unopened five (5) bottles of alcohol beverages were left unsecured on the wet bar counter in the residents' dining area.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have placed the five(5) unopened bottles of alcoholic beverages in a secured cabinet.	5/18/19

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☒	§11-89-12 Structural requirements for licensure. (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. **FINDINGS** Unopened five (5) bottles of alcohol beverages were left unsecured on the wet bar counter in the residents' dining area.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have included alcoholic beverages on my 'List of Things That Must Be Secured At All Times', which is posted on the medication cabinet where it's readily available for all caregivers to view or read.	5/18/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition. **FINDINGS** Resident #1 – Physician ordered, "Olanzapine 5mg, ½ -1 tab, qd, PRN." There was no pill cutter to prepare a half tablet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have purchased a pill cutter and placed in Resident #1 oral medication compartment.	5/18/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition. **FINDINGS** Resident #1 – Physician ordered, "Olanzapine 5mg, ½ -1 tab, qd, PRN." There was no pill cutter to prepare a half tablet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have created a 'List of Things To Do when A Doctor Order Is Out of The Ordinary or Special' and I have included on the list a pill cutter must be on hand when a medication order is 1/2 of a tab. The list is posted on the medication cabinet.	5/18/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information: Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments; **FINDINGS** Resident #1 - No evidence that special diet was provided as ordered by the physician. No special diet menu available for "Avoid fat/Chol/Sugar" diet ordered on 12/16/2018.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have talked to OHCA Nutritionist, Anette Jackson, regarding Dr. Bala-Albano's diet order for Resident #1, which is to "avoid sugar/fat/cholesteral". Anette Jackson has advised me to see Dr. Bala-Albano and inform her that I completed a nutrition training few years ago and Resident #1 is currently on diet that conforms to Dept of Health guidelines for diabetic and high cholesteral residents. Please see the enclosed visit record, which indicates Dr. Bala-Albano has changed the order to regular diet.	5/24/19

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☒	§11-89-18 Records and reports. (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information: Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments; **FINDINGS** Resident #1 - No evidence that special diet was provided as ordered by the physician. No special diet menu available for "Avoid fat/Chol/Sugar" diet ordered on 12/16/2018.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have created a 'List of Things To Do when A Doctor Order Is Out of the Ordinary or Special' and I have included on the list any doctor must order regular diet since the Home follows a Department of Health diet guide lines.	5/24/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (e)(2) General rules regarding records: Erasures and white outs shall not be permitted; **FINDINGS** Resident #1 – White correction tape was used in Resident Emergency Information form.	**PART 1** **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: Kristy Malbog

Print Name: KRISTY MALBOG

Date: 5/29/19

Licensee's/Administrator's Signature: Kristy Malbog

Print Name: KRISTY MALBOG

Date: 8/19/19