

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: May 7, 2021 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 AUG 17 P1:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a) 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><u>FINDINGS</u> Responsible Adult #1 – No documented evidence of annual tuberculosis screening/clearance.</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>Responsible Adult #1 no documented evidence of annual tuberculosis screening clearance. This is verify that a tuberculosis in skin test was administered to my resident each of them was done. doctor was given on 01-12-2021 reading was 01-14-2021</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p><i>May 12, 2021</i></p> <p><i>London</i></p> <p><i>Alwin</i></p> <p style="text-align: right;">21 MAY 17 09:55</p>

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Licensee's/Administrator's Signature: Lourdes Mausi

Print Name: LOURDES MAUSI

Date: MAY 12, 2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAY 17 A9:55

Licensee's/Administrator's Signature: *Louella Mami*

Print Name: *Louella Mami*

Date: *August 16, 2021*

STATE OF HAWAII
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STATE LICENSING

21 AUG 17 P1:08