

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 18, 2022 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
DEPT. OF HEALTH
STATE LICENSING

22 AUG 17 P 3:22

	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>FINDINGS CCG and Responsible Adult #1 – No documented evidence of annual tuberculosis screening/clearance</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>22 JUN -6 MO 12</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 get already on my file annual tuberculosis screening clearance on file 5-31-22 negative reading 6-2-22</i></p>	<p><i>6-2-22</i></p> <p><i>JM</i></p>

	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>FINDINGS CCG and Responsible Adult (RA) #1 – No documented evidence of annual tuberculosis (TB) screening/clearance.</p> <p>Please include a copy of RA #1's annual TB screening/clearance along with your plan of correction.</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>To prevent this deficiency from happening in the future. I have updated my admission checklist to include a reminder annual tuberculosis clearance are completed and that documentation is available for review in the record every year. I reminder in my calendar double check all before annual retaking my home.</i></p>	<p><i>July 15, 2022</i></p> <p><i>Lambert</i></p> <p><i>Wolcott</i></p>

STATE OF MICHIGAN
DEPARTMENT OF
STATE LIBRARIANSHIP

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> - Petroleum jelly changed to PRN on 11/16/21, however, routine petroleum jelly was discontinued on medication administration record (MAR) on 11/22/21 and not rewritten as PRN on the 11/2021 MAR - Providone iodine 10% was changed to PRN on 3/4/21, however, the routine providone iodine is not included on the 3/2022 MAR as well as the PRN providone iodine <p>STATE OF HAWAII SON-ONICA STATE LICENSING</p> <p>22 JUN -6 AIO:18</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>Resident #1 -</i></p> <p><i>Petroleum jelly change to PRN on 11/16/21, however routine petroleum jelly was corrected already, I put in separate listed on PRN already on file now ..</i></p> <p><i>Providone Iodine 10% was changed on 3/4/21 was corrected already as well as the PRN Providone Iodine was done now.</i></p>	<p><i>6/2/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(5) Medications:</p> <p>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.</p> <p>FINDINGS Resident #1 –</p> <ul style="list-style-type: none"> - Petroleum jelly changed to PRN on 11/16/21, however, routine petroleum jelly was discontinued on medication administration record (MAR) on 11/22/21 and not re-written as PRN on the 11/2021 MAR - Providone iodine 10% was changed to PRN on 3/4/21, however, the routine providone iodine is not included on the 3/2022 MAR as well as the PRN providone iodine 	<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>Resident #1 Petroleum jelly changed to PRN on 11/16/21 however routine petroleum jelly was discontinued on medication administration record (MAR) on 11/22/21 and not rewritten as PRN on the 11/20/21 MAR. To prevent this deficiency from occurring again in the future I have review medication chart double check each medication. I change all part in PRN record now my filed now.</i></p>	<p><i>Aug. 15, 2022</i></p> <p><i>London</i></p> <p><i>Moloni</i></p>

Licensee's/Administrator's Signature: *L. M. Mui*

Print Name: *Loyrdus Marcus*

Date: *June 02, 2022*

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

22 JUN -6 AM:13

Licensee's/Administrator's Signature: Louder Mauui

Print Name: LOURDES MAUUI

Date: August 15, 2022

STATE OF HAWAII
DOH-0783
STATE LICENSING

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