

Office of Health Care Assurance

'22 AUG -9 P1:15

State Licensing Section

STATE OF HAWAII  
DON CHIA  
STATE LICENSING

## 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 26, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION 22 JUN -9 P1:15	Completion Date
☒	<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><b>FINDINGS</b> HHM #1 &amp; HHM #2 – No documented evidence of initial physical exam.</p> <p>HHM#1 – No documented evidence of initial (2-step) tuberculosis clearance.</p> <p>HHM#2 – No documented evidence of annual tuberculosis clearance. *Does not require a 2-step clearance at this time.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">STATE OF HAWAII <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> STATE LICENSING</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Please see the enclosed P/E for HHM #1 + HHM #2 as well as 2-step ppd clearance for HHM #1 + annual ppd clearance for HHM #2.</i></p>	<p><i>6/17/2022</i></p>

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Licensee's/Administrator's Signature: *Kirsty Males*  
Print Name: KIRSTY MALES  
Date: 06/17/2022

22 AUG 09 P1:15  
STATE OF HAWAII  
DEPT OF TSA  
STATE LICENSING