

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Malamaimua Care Home	CHAPTER 100.1
Address: 47-508 Ha'anopu Way, Kaneohe, Hawaii 96744	Inspection Date: April 17, 2023 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
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

23 OCT 13 AM 9:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Resident #2: No documented evidence of annual tuberculosis clearance. Tuberculosis clearance form submitted to department for review is incomplete, no date of when skin test was administered, no date of when it was read, incomplete signature of who read skin test, unclear who administered test and where it was administered.</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>Latest Annual tuberculosis clearance obtained. PPD administered @ 5/16/23 and it was imm resulted on 5/18/23 by Sandra Melagan @ CVS Longsight clinic.</p> <p>> Results are now on file</p>	<p>5/18/2023</p> <p style="text-align: right;">23 OCT 13 A9:15</p> <p style="text-align: right; font-size: small;">STATE OF TEXAS DEPARTMENT STATE LIAISON</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2: Order of "Consistent carbohydrate diet". No documented evidence special diet is being provided.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Consistent carbohydrate diet discussed by PCP/APRN and since client is stable diet was changed to "regular soft with thin liquids"</p>	<p>5/11/2029</p> <p style="text-align: right;">23 OCT 13 A9:15</p>

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23 OCT 13 AM 9:15

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #3: Atorvastatin unlocked at bedside. Removed from bedside during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">23 OCT 13 19:15</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS Resident #3: Oral and ophthalmic medications not segregated.</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>Ophthalmic medications segregated as well as separated inside a labeled ziploc bag, also oral medications separated and placed in a plastic box.</p>	<p>5/1/2023</p> <p style="text-align: right;">23 OCT 13 09:15</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DENISE S. SHAW STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #2: No documented evidence medications were reevaluated and signed by physician every four (4) months or as ordered by physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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STATE OF HAWAII
NURSING
LICENSING

Licensee's/Administrator's Signature: _____



Print Name: _____

Franklin R. Valiente

Date: _____

July 28, 2023

STATE OF HAWAII
DH-8888
STATE LICENSING

23 OCT 13 A9:15