

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 3, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

24 MAY 31 PM 2:26

	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 Responsible Adult (RA) #1 – No documented evidence of an examination by a physician prior to first contact with residents to rule out communicable diseases.</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>A Physical Exam was done with (done) RA #1's physician on 5/20/2024</i></p>	<p style="text-align: right;"><i>5/20/2024</i></p> <p style="text-align: right;">24 MAY 31 11:26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1 Medication order for Triamcinolone Acetonide 0.1% cream ordered 4/26/2024 = Apply thin layer twice daily to skin on lower back. May medication administration record (MAR) = Triamcinolone 0.1% cream apply thinly once a week to skin thickening areas to lower back and legs. Medication label = Triamcinolone 0.1% apply thinly twice daily to skin thickening on lower back for two (2) weeks, then every day thereafter. Medication order, MAR and label all have different orders for the same cream.</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>Medication order for Triamcinolone Acetonide 0.1% cream was clarified with the resident's physician on 5/28/24. The correct order is 3/29/24. I've made a change to my medication administration record and put a "directions changed, refer in order date 3/29/24" sticker on the label. Apply thinly B/D to skin thickening on lower back x 2 weeks. then and there after.</i></p>	<p style="text-align: center;"><i>5/28/24</i></p> <p style="text-align: right;">24 MAY 31 PM 2:25</p>

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Licensee's/Administrator's Signature: Louder Jansen

Print Name: LOUDES MAJISI

Date: May 29, 2024

STATE OF
CALIFORNIA
STATE LICENSING

24 MAY 31 PM 2:25