

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marie Malunao, LLC	CHAPTER 100.1
Address: 92-801 Ahikoe Street, Suite B, Kapolei, Hawaii 96707	Inspection Date: October 16, 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.

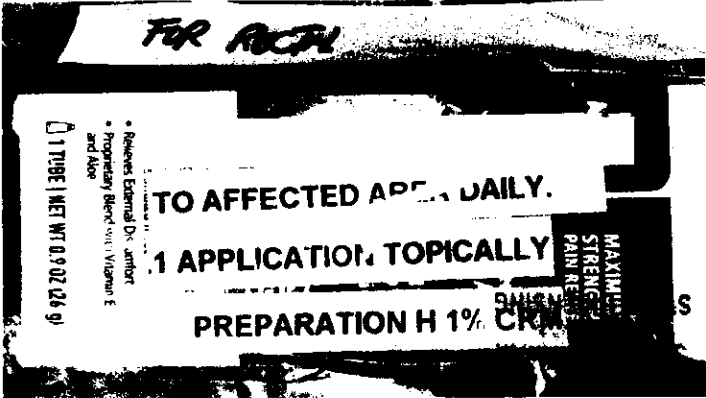
YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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24 JAN 29 17:27

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member #1 and #2: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART I</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>Household member #1 and #2 completed annual physical exam. (See attachment) Documents were not present at time of audit. Annual Physical exams present and filed. For future reminder/notifications, PCG will put in calendar for all CG's.</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF HEALTH DIVISION OF LICENSING JAN 29 10 17 AM '24</p>	<p>10/20/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1: Preparation H topical cream not properly labeled.</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>Preparation H topical cream correctly labeled: Resident #1. To affected area. Daily. 1 application, topically. Preparation H 1% Cream.</p>  <p style="text-align: right;">24 JAN 29 A 7:27</p>	<p>10/20/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1: Preparation H topical medication stored with oral medications.</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>Preparation H topical cream is removed from "oral" medications and placed in a separate bin labeled, "topical" medication.</p> <p style="text-align: right;">STATE LICENSING DEPARTMENT STATE OF OHIO 24 JAN 29 17:27</p>	<p>10/20/23</p>


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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(2)(B) Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><u>FINDINGS</u> Beds in bedroom #3 placed less than three feet apart.</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>Beds in bedroom #3 are readjusted and is now placed more than three feet apart.</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STATE STATE LICENSING</p> <p style="text-align: right;">24 JAN 29 47:28</p>	<p>10/20/23</p>

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Licensee's/Administrator's Signature:



Print Name:

Marie Fidelis A. Malunao

Date:

10/24/23

STATE ENGINEERING
DIVISION
JAN 24 2024

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