

1/27/25

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Macaraeg DD Dom Home	CHAPTER 89
Address: 94-262 Kahuahele Street, Waipahu, Hawaii 96797	Inspection Date: June 20, 2025 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Hot water temperature was at 136-degree Fahrenheit.</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> <ul style="list-style-type: none"> - On 06/20/2025 @t 1:00pm, temp was 134 degrees Fahrenheit at the resident bath, the water heater thermostat was immediately adjusted to lower the temperature setting to 105 degrees Fahrenheit, then the thermostatic mixing valve knob was adjusted counterclockwise to decrease the temperature. - A follow-up temp reading of 118 degrees Fahrenheit was obtained at 2:30 pm on 06/20/25 at the resident's bath faucet after the hot water reduction(washed clothes with hot water). - Thermostat setting currently reads as 110 degrees Fahrenheit and was labeled "max 120 degrees Fahrenheit." Temperature readings and thermostat settings were documented on the Hot water Temperature log and Thermostat Adjustment Record during the correction period (included for your reference). Caregivers were informed of the safe range for water temperature from 105 to 120 degrees Fahrenheit and immediately report to the administrator any temperature changes. - A Hot Water Temperature Log and Thermostat 	<p>06/27/25</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1 - Current Physician's Evaluation Form did not include information for standard physical exam.</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>On 06/20/2025, I contacted the resident's primary care provider and requested a supplemental physical examination report that includes documentation of a standard physical examination.</p> <p>The current physical form and physician's supplemental physical examination assessment are now attached to the resident's record and included in this Plan of Correction.</p>	<p>06/27/25</p>

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<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><u>FINDINGS</u> Resident #2 – Diet order dated 10/14/2024 was “Regular Diet (Chopped, Minced, or Mashed).” Order was not clarified.</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>During the Three-Month Physician Update conducted on 06/25/2025, the resident’s diet order was clarified by the primary care provider. The updated diet order now reads: “Regular; Consistency – As Tolerated.” Documentation of the clarification, signed by the physician, is included in the attachment to this Plan of Correction and has been filed in the resident’s medical record. The resident’s meal plan has been updated accordingly, and all caregivers have been informed of the change.</p>	<p>06/27/25</p>

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Licensee's/Administrator's Signature: Priscilla T. Macaraeg

Print Name: Priscilla T. Macaraeg

Date: Jun 27, 2025