

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Macusi (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 91-730 Poloula Place, Ewa Beach, Hawaii 90706</b>	<b>Inspection Date: May 23, 2025 Annual</b>

**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>§11-89-3 <u>Licensure</u>. (d)(2)            The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u>            Caregiver #1, #2, #3 – No current Fieldprint results.</p> <p>Please submit copies with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Implemented a process to ensure all caregivers obtain current fieldprint result within the stipulated time frame.</i></p> <p><i>Caregiver #3 was removed on 5/25/2025.</i></p> <p><i>Caregiver 1. <del>BB</del> removed fieldprint on 6/17/25 copy attached.</i></p> <p><i>#2 #3 to the long caregiver</i></p> <p style="text-align: right;"><i>8/26/25</i></p>	<p style="text-align: right;"><i>05/25/2025</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1)  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>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Only negative tuberculosis (TB) skin test result dated 2/7/2025 was available at home.</p> <p>Resident #2 – Only negative TB skin test result dated 9/7/2025 was available at home.</p> <p>Thus, there were no initial TB clearances for resident #1 and #2.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Conducted T.B. Testing for residents #1 and #2 on 2/12/25 2/14/25</i></p> <p><i>Resolved in file.</i></p> <p style="text-align: right;"><i>8/26/25</i></p>	

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<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><b><u>FINDINGS</u></b> Resident #1 – Mupirocin ointment was ordered during 3/5/2025 physician's office visit. The after visit summary included the medication, however, several discontinued medications were also included in the summary as current medication. Order was not clarified. On 5/3/2025, updated order was obtained.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 was hospitalized on 6/10/2024 per Individualized Service Plan (ISP). The incident was not recorded in progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 was hospitalized on 6/10/2024 per ISP. There was no discharge summary available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: center;"><i>Establish a check list for discharge procedures to ensure all necessary documentation is completed</i></p>	<p style="text-align: center;">5/25/25</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (g)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> One (1) respite resident was admitted on 5/16/2025. Not recorded in permanent general register. Resident #1 was hospitalized on 6/10/2024 and readmitted on 6/19/2024, not recorded in permanent general register.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Updated the permanent general register to include the admission and discharge details on 5/25/25.</i></p>	<p style="text-align: center;">5/25/25</p>

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Licensee's/Administrator's Signature: Louder Masini

Print Name: Louder Masini

Date: June 17, 2025

August 26, 2025