

Office of Health Care Assurance

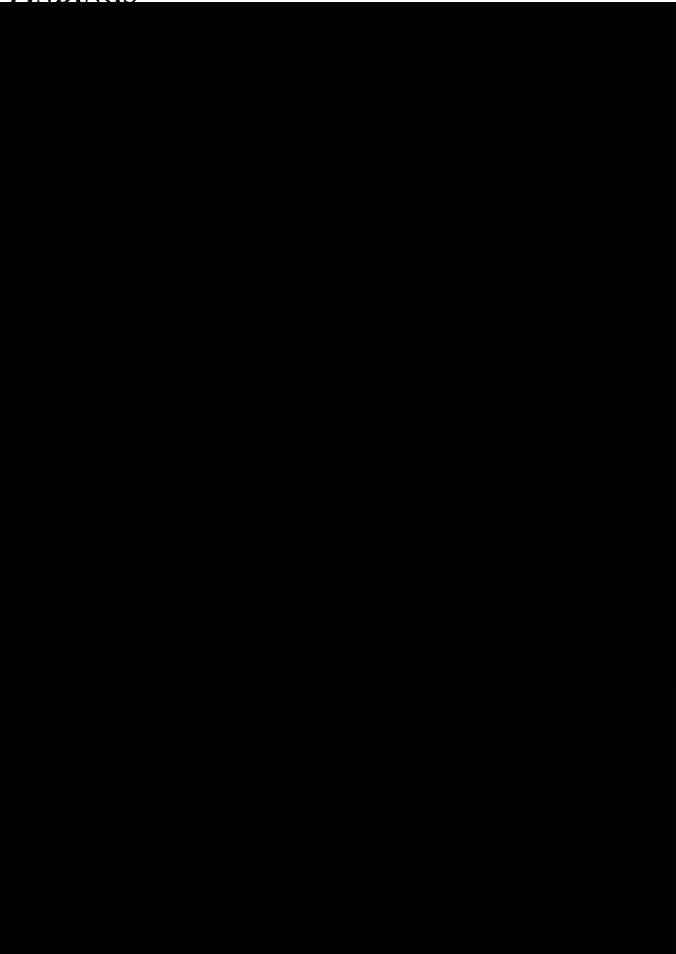
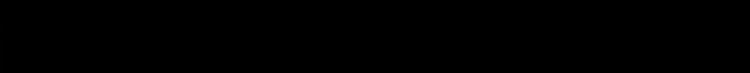
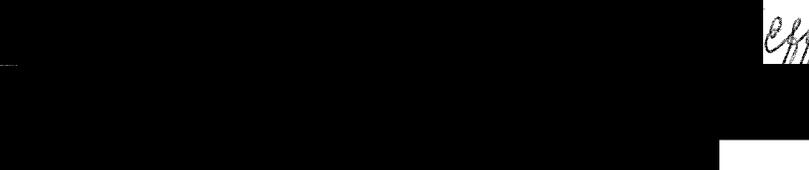
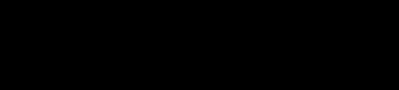
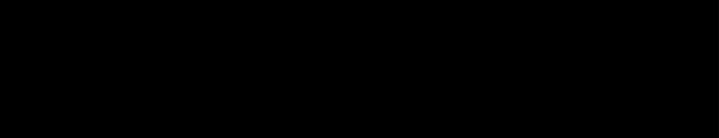
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

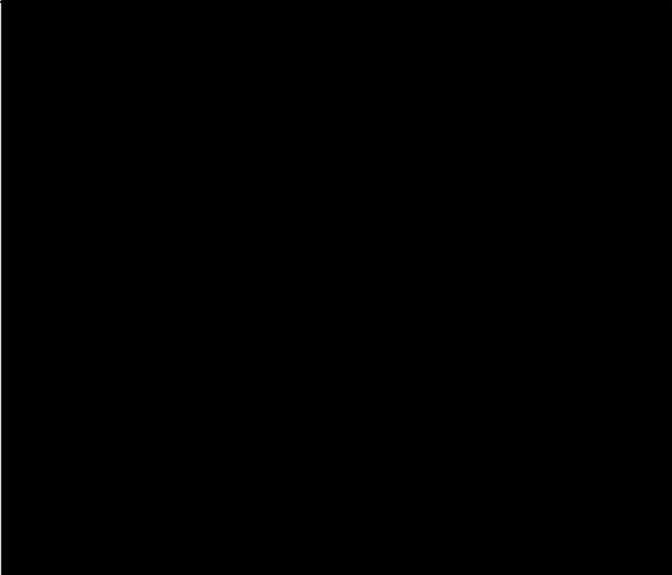
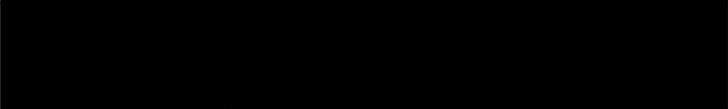
Facility's Name: Galicinao Domiciliary Home	CHAPTER 89
Address: 45-201 B William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 23, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b>FINDINGS</b> [REDACTED] each had two training certificates from Advanced Care Training; however, the dates of the training were not reflected on the certificates. Unable to determine if the trainings occurred during this annual re-certification/re-licensing period.</p>	<p><i>Caregivers shd. check the cert. issued w/ the date on it. Contacted ems. instructed to replace a new certificate, received new certificate on 5/30/15 w/ date + signature. Attached is a copy of new cert.</i></p>	<p><i>5/30/15</i></p>
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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>FINDINGS</b> Verification of a current TB skin test was not available for [REDACTED]</p>	<p><i>Caregiver obtained caregiver TB skin test certificate. Attached a copy of certificate.</i></p>	<p><i>6/1/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>[REDACTED]</p> <p><i>In the near future caregiver plid. always review med. update, med record sheet &amp; pharmacy label &amp; make sure the dosage &amp; frequency matches.</i></p>	<p><i>Effective immediately</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit,</p>		

Rules (Criteria)	Plan of Correction	Completion Date
whichever comes first.		
<b>FINDINGS</b> 		
	 <i>Caregiver should always review the 90 day update.</i>	<i>Effective immediately</i>
		<i>Effective immediately</i>
	 <i>Caregiver should always review medication sheet, dosage, should match the 90 day update.</i>	<i>Effective immediately</i>
		<i>Effective immediately</i>
	<i>Effective immediately</i>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b></p>	<p>[REDACTED]</p> <p>In the future, caregiver shd. always receive 90 day update, medication record sheet &amp; pharmacy label &amp; make sure the dosage &amp; frequency matches.</p> <p>[REDACTED]</p> <p>In the near future, caregiver shd. make sure that the Drs. order matches pharmacy label, the 90 day update &amp; med. sheet.</p> <p>[REDACTED]</p> <p>In the near future, caregiver shd. make sure that Drs. order matches pharmacy label, 90 day update &amp; med. sheet.</p> <p>[REDACTED]</p> <p>In the near future caregiver shd. always receive 90 day update, med. record sheet &amp; pharmacy label &amp; make sure the dosage &amp; frequency matches</p>	<p>Effective immediately</p> <p>Effective. Immediately</p> <p>Effective immediately</p> <p>Effective. immediately</p>

	Rules (Criteria)	Plan of Correction	Completion Date
		<p>In the near future, caregivers shd. always follow physicians order &amp; it shd. reflect on med. record sheet.</p> <hr/> <p>Caregivers shd. make sure that dosage &amp; frequency shd. always match Drs. order.</p> <hr/> <p>In the near future, caregivers shd. always follow physicians order &amp; make sure the medication record sheet match the dosage of pharmacy label.</p>	<p>Effective immediately</p> <hr/> <p>Effective immediately</p> <hr/> <p>Effective immediately</p>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(4) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>An inventory of money and valuables. This inventory shall be kept current.</p> <p><b>FINDINGS</b></p> 	 <p>In the near future caregivers will make sure to have Inventory record up to date.</p>	<p>6/1/15</p>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication,</p>		



	Rules (Criteria)	Plan of Correction	Completion Date
	<b>FINDINGS</b> 	<i>Caregiver made a file for incident reports only.</i>	<i>6/2/15</i>

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: Lilia Galicinas

Date: 6/2/15

Office of Health Care Assurance

State Licensing Section

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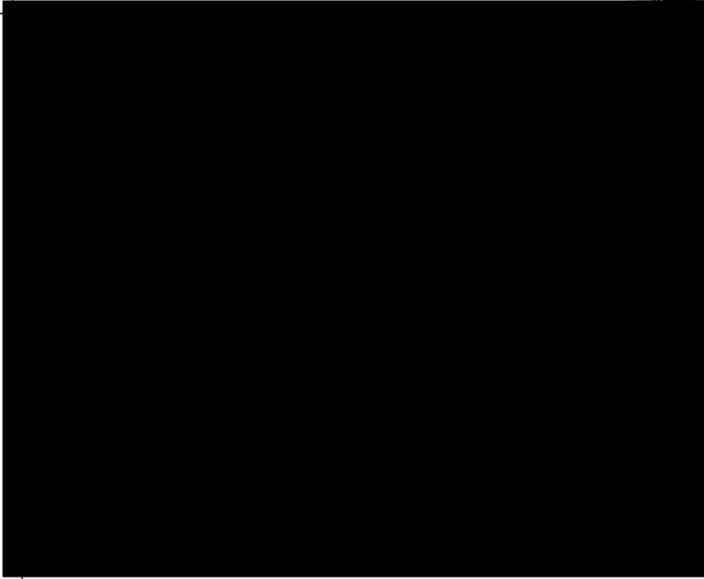
Facility's Name: Galicinao Domiciliary Home	CHAPTER 89
Address: 45-201 B William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 23, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b>FINDINGS</b> [REDACTED] each had two training certificates from Advanced Care Training; however, the dates of the training were not reflected on the certificates. Unable to determine if the trainings occurred during this annual recertification/re-licensing period.</p>	<p><i>Attached corrected copies of certificates issued on 11/30/14. A cover letter is attached also for new instructor</i></p>	<p><i>8/18/15</i></p>
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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>FINDINGS</b> Verification of a current TB skin test was not available for CG [REDACTED]</p>	<p>[REDACTED]</p> <p><i>Develop a checklist of all the requirements needed for providing care for the residents. Task at the checklist to make sure all requirements are met.</i></p>	<p>8/18/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p><i>Caregiver has hired an RN to check medication sheets quarterly. Substitute caregiver to review monthly medication sheets. RN to check new orders &amp; medication when changes occur.</i></p> <p><i>Medication sheets + pharmacy label &amp; order should match. If not, corrections will be made.</i></p>	
<p><input checked="" type="checkbox"/></p>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit,</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	whichever comes first.	<p>Caregiver had hired an RN to check medication sheets, 90 day updates quarterly.</p> <p>Substitute caregiver to review medication sheets and 90 day updates monthly.</p> <p>RN to check new orders &amp; medication when changes occur</p> <p>Medication sheets and pharmacy label and order shd. match if not, corrections will be made.</p>	8/18/15
FINDINGS			

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-14 Resident health and safety standards. (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 100%; min-height: 150px;"></div>	<p>Caregiver had hired an RN to check medication sheets and 90 day updates quarterly. Substitute Caregiver to review monthly medication sheets and 90 day updates also. RN to check new orders + medication when changes occur. Medication sheet, pharmacy label, phd. match if not, corrections will be made.</p>	8/18/15

	Rules (Criteria)	Plan of Correction	Completion Date
			
<input checked="" type="checkbox"/>	<p>§ 11-89-18 <u>Records and reports.</u> (a)(4)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:             An inventory of money and valuables. This inventory shall be kept current.</p> <p><b>FINDINGS</b>  </p>	<p><i>Caregiver to do monthly inventories as needed when new items purchased or discarded items. A follow-up check with substitute caregiver.            File Inventories at the back of folder</i></p>	<p><i>8/18/15</i></p>
<input checked="" type="checkbox"/>	<p>§ 11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:             Observations of the resident's response to medication,</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b>  ██████████ there were no caregiver notes for March</p>	<p>Monthly and as needed documentation to be written by the caregivers, substitute caregivers to check monthly and as needed entries</p>	<p>8/18/15</p>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)  During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b>FINDINGS</b>  ██████████ onthly weights were not taken from</p>	<p>Caregiver to do monthly wt. record &amp; record it to wt. record sheet file at the back of the folder.</p>	<p>8/18/15</p>
<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>		

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Licensee's/Administrator's Signature: 

Print Name: Lilia Galindo

Date: 8/18/15

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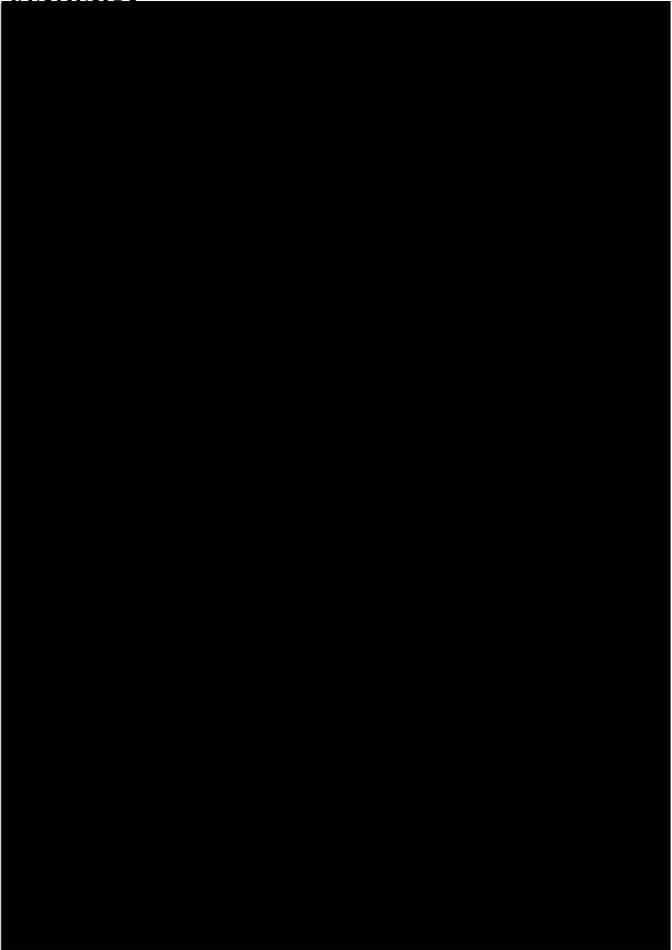
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galicinao Domiciliary Home	CHAPTER 89
Address: 45-201 B William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 23, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b>FINDINGS</b> [REDACTED] each had two training certificates from Advanced Care Training; however, the dates of the training were not reflected on the certificates. Unable to determine if the trainings occurred during this annual recertification/re-licensing period.</p>	<p><i>Attached corrected letter fr. ACT.</i></p>	<p><i>10/14/15</i></p>
<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</p>		

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	<p>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>FINDINGS</b> Verification of a current TB skin test was not available for [REDACTED]</p>	<p><i>Employee &amp; In House Resident checklist Attached.</i></p>	<p><i>10/14/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p><i>RN hired on 7/28/15</i></p>	<p><i>10/14/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit,</p>		

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	whichever comes first. <b>FINDINGS</b> 		10/14/15

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	<p>treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b>  ██████████ here were no caregiver notes for ██████████</p>		
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)  During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b>FINDINGS</b>  ██████████ monthly weights were not taken from ██████████</p>	<p><i>Substitute caregiver assigned to do monthly weight record keeping.</i></p>	<p><i>10/14/15</i></p>
<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>		

	Rules (Criteria)	Plan of Correction	Completion Date
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Licensee's/Administrator's Signature: 

Print Name: Lilia Galicinad

Date: 10/14/15

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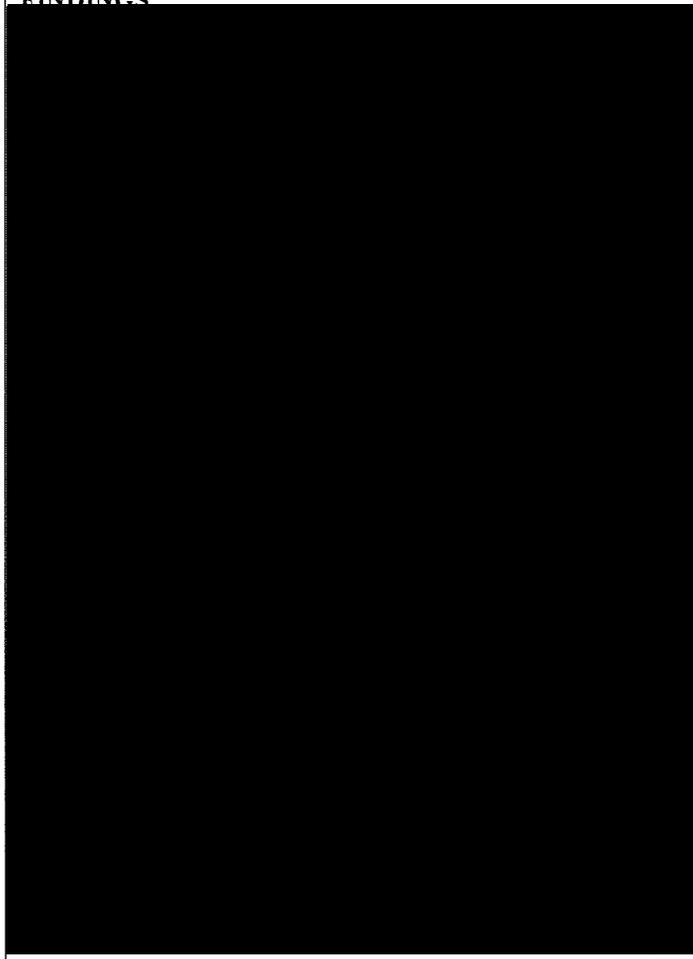
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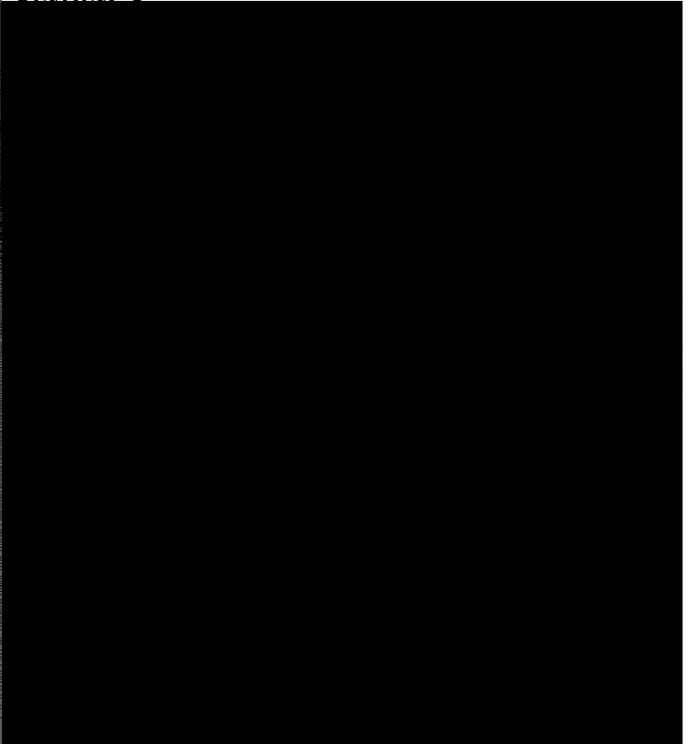
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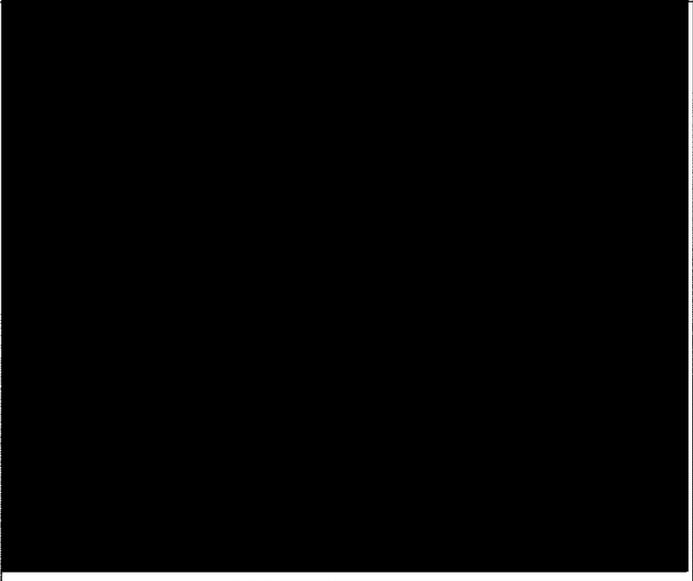
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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination 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</p>		

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	<p>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>FINDINGS</b> Verification of a current TB skin test was not available for [REDACTED]</p>	<p><i>Checklist revised and submitted.</i></p>	<p><i>11/13/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b>FINDINGS</b> [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit,</p>		

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12)  Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b></p> 		

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)  During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication,</p>		

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	<p>treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b>  ██████████ there were no caregiver notes ██████████</p>		
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)  During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b>FINDINGS</b>  ██████████ monthly weights were not taken from ██████████</p>	<p><i>Licensed/caregiver to double check at the end of each month entries entered on monthly weight record. If not taken, remind substitute caregiver to take the weight.</i></p>	<p><i>11/13/15</i></p>
<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>		