

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gelacio Care Home	CHAPTER 100.1
Address: 1746 Ala Aolani Place, Honolulu, HI 96819	Inspection Date: October 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS No menu posted in dining room.</p>	<p><i>In the future, I will use a reminder checklist for all items required including having menu posted in the dining area visible to the residents & DCH to review.</i></p>	<p><i>12/14/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p>	<p><i>In the future I will use a reminder checklist of all required documents needed to complete the resident's medical record including the progress notes.</i></p>	<p><i>12/14/15</i></p>

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FINDINGS	Resident [redacted] progress notes for January 2015 missing response to medication:		
	[redacted]		

Licensee/Administrator's Signature: _____

[redacted signature]

Print Name: ZOSIMA GELACIO

Date: 12/14/15

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