

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gina's	CHAPTER 100.1
Address: 1233 Puu Kipa Street, Pearl City, Hawaii 96782	Inspection Date: August 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10)                      The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b><u>FINDINGS</u></b>                      Primary care giver, completed seven (7) training sessions. However, no time periods recorded. Resubmit documentation for time(s) to verify <u>six (6) hours</u> of training sessions. Hours submitted will be credited to the 2015 annual inspection and cannot be used for 2016.</p>		

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b>FINDINGS</b> Second floor refrigerator, thermometer reading was 58° F read from two (2) different thermometers.</p>		
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> </p>		
☒	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b>FINDINGS</b> </p>		
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D)</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b>FINDINGS</b></p> <p>██████████ two (2) licensed bedrooms currently used for storage:</p> <ol style="list-style-type: none"> <li>1. Bedroom # 1, closet contains durable medical equipment (commode, wheel chair and crutches) belonging to a household member and the room was filled with boxed personal items; and</li> <li>2. Bedroom # 2, used to store a large number of boxes containing household/personal items.</li> </ol>		

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_