

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel Care Home	CHAPTER 100.1
Address: 94-1034 Awanani Street, Waipahu, Hawaii 96797	Inspection Date: December 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS Resident #1, physician order dated [redacted] reads, [redacted]. Medication administration record (MAR) indicates medication was made available from [redacted]. No primary care giver (PCG) observations of the resident response in the progress notes; also, no documentation regarding the location [redacted] or size of the [redacted] to which medication was applied.</p>	<p>In the future, I will document my observation in progress notes everyday. I will observe pt's response to medication or wear whether [redacted] is the [redacted] is improving. Observing the size of the [redacted] by measuring everyday whether the [redacted] is clean, no smell or no drainage + etc.</p>	<p>4/13/16</p>



§11-100.1-81 Minimum structural requirements. (b)
 All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.

FINDINGS

Electric signaling device in Bedroom #1 tested during the annual inspection; however no sound generated. [REDACTED]

Electric signaling device in bedroom #1 was fixed 12/12/15. My plan, I will ~~not~~ include during monthly fire drill to check signaling device of bedroom, toilet room are properly working or more often as appropriate.

8/16/16

Care manager - RN and I will check if properly and correctly. Noted in pt's care plan statement [REDACTED]

[REDACTED] - as physician ordered. This care plan shall identify all services to be provided resident and shall include but not be limited to, treatment and medications order to resident's physician, measurable goals and

8/16/16

§11-100.1-88 Case management qualifications and services.
 (c)(2)
 Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:

Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific

procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;

FINDINGS

Resident #1, no physician orders for care plan statement [redacted]. Care plan and physician orders do not match. Clarify orders with physician.

Enclosed copy:
 Physician Order for
 care plan Statement
 [redacted]
 and
 A written consent from
 sister / surrogate.

2/18/16
 3/9/16

My plan:
 Case manager - RN will develop a new care plan. Physician order must be noted clearly and accurately on pt's care plan. Most of all, RN - case manager will discuss and explain to me about New pt's care plan.

Sept. 5, 2016

Licensee's/Administrator's Signature: Juliet S. Gabriel

Print Name: JULIET S. GABRIEL

Date: 4/13/16

Licensee's/Administrator's Signature: Juliet S. Gabriel

Print Name: JULIET S. GABRIEL

Date: 8/16/16

Licensee's/Administrator's Signature: Juliet S. Gabriel

Print Name: JULIET S. Gabriel

Date: Sept. 5, 2016