

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galan's Care Home	CHAPTER 100.1
Address: 94-324 Kipou Street, Waipahu, Hawaii 96797	Inspection Date: April 23, 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><b>FINDINGS</b> For Resident #1, no progress notes to reflect resident need or response to PRN medication; however, primary care giver initialed the medication record [REDACTED] to indicate that PRN medication was made available.</p>	<p>I have written the PRN med effectiveness on the MAR. In the future any medication given as PRN order shall be noted in the progress note = the observation and the effectiveness of the medication</p>	8/9/16
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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</p>		

4/23/15

In the



§11-100.1-17 Records and reports. (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 made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.

Care given on duty to complete incident report immediately upon return from emergency room on any unusual circumstances and as primary care giver to follow up if there is any written incident report

**FINDINGS**

No incident report for the following:

1. Emergency care [redacted]
2. Hospital admissions [redacted]

Licensee's/Administrator's Signature: Juanita Galan

Print Name: Juanita Galan

Date: 4/29/14

Licensee's/Administrator's Signature: Juanita Galan

Print Name: Juanita Galan

Date: 8/10/14

Licensee's/Administrator's Signature: Juanita Galan

Print Name: Juanita Galan

Date: 9/3/14