

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING DIVISION

Facility's Name: Galario's Care Home	CHAPTER 100.1
Address: 94-929 Kuakahi Street, Waipahu, Hawaii 96797	Inspection Date: June 24, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1, admitted [redacted]; however, no [redacted] order signed by the physician [redacted].</p>	<p>Resident #1, I was able to obtain a [redacted] order from the doctor.</p> <p>In the future, I will use a reminder check list to remind me when will be the P.E. so that [redacted] will have the [redacted] order on time. I'll also put on the calendar 8/22/16</p>	<p>2/11/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(i)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p>		

Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:

For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;

FINDINGS

Resident #1, certified as [redacted] by physician on [redacted]. However, during the annual inspection, observed resident needing [redacted]. Please have the resident re-examined and submit documentation of current self-preservation certification with the POC.

Resident #1 was reevaluated
from [redacted] by [redacted]
doctor

2/11/16

In the future I will check the
PE form while we are in the
office to prevent a recurrence
of this deficiency.

8/22/10

§11-100.1-88 Case management qualifications and services.
(c)(4)

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:

Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;

FINDINGS

Resident #1, progress notes and physician medication orders during [redacted] indicate [redacted] and

[redacted]. The case management care plan was updated on [redacted]; however, the care plan problem list was not updated to include [redacted] new problems.

The service plan has been
updated to reflect the [redacted]
new problem addressed on

[redacted]
In the future I will work together
with the team to make sure new problems
are addressed in the service plan

2/11/16

To prevent a recurrence of
this deficiency, I will have
specific discussions every
month with my RN case
manager on all new and ongoing
care needs, services and per
independent of my residents
that are expanded child

8/22/16

Licensee's/Administrator's Signature: Elena A. Galario

Print Name: ELENA A. GALARIO

Date: 2/11/14

Licensee's/Administrator's Signature: Elena A. Galario

Print Name: ELENA A. GALARIO

Date: 8-22-16