

COPY

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galicinao (DDDH)	CHAPTER 89
Address: 45-201 B William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 14, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 Provision for services and review. (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours per year of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS For Caregiver #1, verification of only 7 hours of training was available. (NOTE: Submit evidence of an additional hour of training with the plan of correction.)</p>	<p>Copies of new Inservice Cert. ^{Caregiver #1} dated 4/22 2/5/16 enclosed</p> <p>Caregiver to Count hours of training w/ inservice when submitted to caregiver before filing to administrative folder.</p> <p>Immediately notify substitute caregiver to attend inservice to complete the 8 hr. inservice requirement.</p>	<p>5/27/16</p> <p>6/30/16</p> <p>8/29/16</p>

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 16 MAY 27 AM
 STATE OF HAWAII
 HEALTH LICENSING

§11-89-9 General staff health requirements. (a)(1)
 All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.

If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.

FINDINGS
 Although a TB skin test was done for Household Member #1 on April 25, 2015, the results were not indicated. (NOTE: Submit verification of the TB skin test results with the plan of correction.)

Completed
 PE form for member #1
 dated 4/25/15 & 4/25/16
 enclosed

6/27/16

~~Resigned to~~
 Check the form & make sure
 it is complete before filing
 to administrative folder.

6/30/16

Take the form to Dir. office to
 complete the form then ~~file~~ interfile
 to administrative folder.

8/29/16

wasn't
given
participant didn't like to use
any more,

8/29/16

5/20/14

Corrected medication sheet
for April & March.

Corrected medication sheet
attached for Resident # 1

STATE OF HAWAII
NON-CHOCALICENS

5/18/16

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8/29/16

Carquester to go over medication
sheet 7+ daily to make sure initials were
correctly done.

Hired an RN to do monthly
visit & check records of 90 days
update, medication sheet, Doctors
order & entries.

6/30/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u></p>	<p>Did late entries for 11/21/15 Attached copy. Caregiver to be reminded to make entries of incident occurred for the month.</p>	<p>6/27/16</p>
		<p>Corrected medication sheet attached. Caregiver to be reminded to log add any treatments prescribed by dentist/Dr. on medication sheet.</p>	<p>6/27/16</p>
		<p>Corrected entries made as late entry. RN to review caregiver entries to ensure that entries are being written in compliance with records & reports</p>	<p>8/29/16 8/29/16</p>
		<p>Make entries immediately as soon as you completed the AER.</p>	<p>6/30/16</p>



§11-89-18 Records and reports. (b)(3)

During residence, records shall be maintained by the caregiver and shall include the following information:

Entries by the caregiver describing treatments and services rendered;

FINDINGS

There were no caregiver entries and/or documentation to verify that resident's blood pressure was taken weekly.

Immediately write the order for med. sheet.

RN to review monthly med. sheet, 90 day update & doctors order. 6/30/16

Corrected 90 days + Drs. order not needed to fake blood pressure. See attached form. dated 5/27/16

RN to review monthly entries, wt. & BP record.

6/30/16

If not done, then RN to ask caregiver to complete monthly entries, wt. & blood pressure record. 9/21/16

Licensee's/Administrator's Signature: Lilia Galicinas
Print Name: Lilia Galicinas
Date: 5/27/16

Licensee's/Administrator's Signature: Lilia Galicinas
Print Name: Lilia GALICINAD
Date: 6/30/16

Licensee's/Administrator's Signature: Lilia Galicinas
Print Name: Lilia Galicinas
Date: 8/29/16

Licensee's/Administrator's Signature: Lilia Galicinas
Print Name: Lilia GALICINAD
Date: 9/21/16