

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gacula, Jessie (ARCH)	CHAPTER 100.1
Address: 55 Ahona Place, Hilo, Hawaii 96720	Inspection Date: March 27, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> No documentation of training for substitute care givers to make medications available to residents.</p>	<p>In the future I will (will train my new substitute before they start to work I would document the form primary caregiver &amp; substitute caregiver training, and keep it in my substitute book.</p>	10-6-16
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH</p>		

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	<p>and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b>FINDINGS</b> Resident #4. No level of care assessment obtained prior to readmission.</p>	<p>SEE ATTACHED</p>	<p>11-28-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b>FINDINGS</b> Fire drills conducted every four (4) months instead of required quarterly drills (every three months).</p>	<p>11-100.1-12 FIRE MARSHAL INFORM US THAT FIRE DRILLS EVERY QUARTER IS FINE, SO THATS WHAT WE ARE DOING NOT KNOWING EVERY THREE MONTHS. TO AVOID MAKING THE SAME MISTAKE WE WILL MAKE SURE WE WILL CONDUCT FIRE DRILLS EVERY THREE MONTHS IN THE FUTURE, AS REQUIRED BY THE STATE.</p> <p>Jessie P. Bacula</p>	<p>11-28-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b>FINDINGS</b> No menu in posted in residents' dining area.</p>	<p>11-100.1-13 WE MOVED THE BULLETIN BOARD WITH THE MENUS IN A CONSPICUOUS PLACE AT THE DINING AREA. RESIDENTS CAN LOOK THE CURRENT MENU IN A CLEAR VIEW. TO PREVENT THIS PROBLEM AGAIN I WILL MAKE SURE MENUS FOR THE <sup>PRE</sup> WILL BE POSTED REGULARLY FOR REVIEW.</p>	<p>11-28-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p>	<p>Jessie P. Bacula</p>	

11-1001-9 FROM NOW ON I WILL MAKE SURE THAT I WILL TRAINED MY  
SUBSTITUTE PROPERLY USING THE GUIDE (PERSONAL CARE SKILL)  
ITS IMPORTANT TO PROVIDE PROPER CARE FOR EACH RESIDENT  
ESPECIALLY IF I AM NOT AROUND SUCH AS CURRENT MEDICATION,  
ADMINISTRATION RECORD (MAR) LIST, CHECKING RESIDENTS DOCTORS  
PRESCRIPTION BOTTLE AND PRACTICING THE FIVE RIGHTS SUCH AS  
~~PATIENT~~ RIGHTS PATIENT, RIGHT DRUGS, RIGHT DOSE, RIGHT ROUTE,  
AND RIGHT TIME.

Jessie P. Gacula

11-1001-10(A) I RECEIVED THE LEVEL OF CARE ASSESSMENT OF RESIDENT  
# 4 SIGNED BY DOCTOR ON 4-21-15. COPY IS ATTACHED.

NEXT TIME I WILL MAKE A CHECK LIST FOR ALL THE DOCUMENTS  
NEEDED FOR ADMISSION AND GIVE TO THE FAMILY OR SOCIAL WORKER  
WHO IS PLACING THE RESIDENT TOGETHER WITH A BLANK DOCUMENTS  
TO FILL OUT ALONG WITH MY CHECKLIST. I WILL MAKE SURE I GOT  
ALL THE DOCUMENTS AT LEAST 1-2 DAYS BEFORE THE RESIDENT IS  
GOING TO BE ADMITTED COMPLETELY SIGNED. I WILL NEVER  
ADMIT A RESIDENT UNLESS I HAVE EVERY THING I NEEDED.

Jessie P. Gacula

11-100.1-14 I KEEP ALL THE TOXIC CHEMICALS WITH PROPERLY LABELED IN A LOCK CLOSET. I MADE SURE ~~THAT THAT~~ NO FOOD SUPPLIES INSIDE THE CLOSET AREA. TO CORRECT THIS PROBLEM I WILL BE MORE CONCERNED THAT WHEN EVER I USED TOXIC CHEMICALS SUCH AS INSECTICIDES I WILL PUT BACK IN THE LOCK CLOSET WHEN DONE ALWAYS.

Jessie P. Gaucha



	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Unsecured ant spray in resident accessible laundry area.</p>	SEE ATTACHED	11-28-15 ✓
☒	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security: Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b>FINDINGS</b> Unsecured and expired (expired 1/15) in Resident #2's bedroom.</p>	<p>I would check every day in the room if any medication that not allowed. If I find medication I will put in the check the moment I found it</p> <p>Jessie P. Bacula</p>	10-6-16
☒	<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> Resident #4 Physician order to give with food" (11/24/14). Dinner served at 5 p.m. and medication administration record reflects made available at 7 p.m.</p> <p>Resident #4 Physician order for with food" (11/24/14). Dinner served at 5 p.m. and medication administration record reflects made available at 7 p.m.</p> <p>Resident #4 has physician order for (10/14/14). Medication administration record does not reflect this order.</p>	<p>I had change the time to give at 5:00 with dinner in the future I will give medication if I write to MAR that will match the medication label bottle.</p> <p>Yona T. Bacula</p>	10-6-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b>FINDINGS</b>  Resident #4 readmitted. No physician examination prior to readmission.</p>	<p>Before can be admit to care home I must have the document P.E (Self preservation) signed before admitting. If I don't get it, I won't admit it</p>	<p>10-6-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b>FINDINGS</b>  Resident #4 readmitted. No diet order prior to readmission.</p>	<p>Before can be admit to care home I must have the document <del>P.E</del> <del>P.E</del> diet order signed before admitting. If I don't get it, I won't admit it.</p>	<p>10-6-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1)  Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p>	<p>11-100.1-17(h)(1)  I FOLLOW THE RULES AND REGULATIONS REQUIRED BY LAW. AND I UPDATE MYSELF THROUGH CONTINUOUS EDUCATION, SUCH AS ATTENDING SEMINARS. NOTE ON MQ BULLETIN OR ON MY PERSONAL CALENDAR FOR REMINDERS OF MY GENERAL REGISTER.</p>	<p>APRIL 1, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident #4 discharged and readmitted. Permanent general register does not reflect the discharge and readmission.</p>	<p>11-100.1-17 TO AVOID THE SAME MISTAKE, I WILL BE MORE CONCERN WITH RECORDS TO <del>RECORD</del> RESIDENTS ESPECIALLY ON ADMISSION AND DISCHARGE.</p> <p><i>Jessie P. Jacula</i></p>	<p>11-28-15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-19 <u>Resident accounts.</u> (b) Individuals associated with the ownership or operation of a Type I ARCH, the licensee, and the primary care giver shall not serve as guardian, power of attorney, or trustee of the resident or resident's estate.</p> <p><b>FINDINGS</b> Primary care giver listed on Resident #4 bank account statement as "custodian". Please provide a detailed explanation in your POC as to what it means to be a "custodian" and why the resident's bank account has been set up in this manner.</p>	<p>SEE ATTACHED</p> <p>11-100.1-19 TO CORRECT THIS PROBLEM, HERE AND AFTER I WILL NOT INVOLVED MYSELF ESPECIALLY ON BANK ACCOUNT. I WILL JUST GIVE IT TO THE FAMILY. I HAVE A VERY CLEAR INTENTION TO HELP AND GUIDE MY RESIDENT.</p> <p><i>Jessie P. Jacula</i></p>	<p>11-28-15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <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:</p> <p><b>FINDINGS</b> Resident #4 readmitted No self-preservation certification prior to readmission.</p>	<p>Before can be admit to care home, I must have the document self-preservation signed before admitting - if I don't get it, I won't admit it.</p>	<p>10-6-16</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p>	<p>11-100.1-23 (o)(3)(B) I LABEL THEIR NAME ON PILLOW, TOP SHEET, FITTED SHEET, EACH <del>OF THE</del> MY CLIENT. REPLACED A NEW EVERY SIX MONTHS. FREQUENTLY CHECKED THE PLASTIC PILLOW PROTECTOR AND REPLACE A NEW IF DAMAGE.</p>	<p>APRIL 1, 2016</p>

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

*Jessie P. Gaucula*

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

JESSIE P. GAUCULA

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

November 28, 2015

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

*Jessie P. Gaucula*

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

JESSIE P. GAUCULA

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

APRIL 1, 2016

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

*Jessie P. Gaucula*

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

JESSIE P. GAUCULA

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

APRIL 22, 2016

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

*Jessie P. Gaucula*

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

JESSIE P. GAUCULA

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

Oct. 6 2016