

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galanto's ARCH	CHAPTER 100.1
Address: 74-846 Uluaoa Street, Kailua-Kona, Hawaii 96740	Inspection Date: April 29, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1, February 2016 medication record reflected: "Ametriptyline 10-20 mg po daily," initialed as administered February 1 – 13, 2016. However, physician order not obtained until February 9, 2016.</p>	<p>Resident medication Chart, Ametrip tyline 10-20mg po daily, fr. Feb 1 - Feb 8 made one line + wrote error + initialed to match to the physician's order. - In the future, I will compare my medication chart to physician's order to ensure that the date ordered will be the beginning date I put my initial as I gave the medication. I will also ask my substitute to review my medication's chart - physician's order when they come to work at the carehome.</p>	4/29/16
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1, January 2016 medication record reflected all medications not initialed as administered, on January 17, 2016</p>	<p>Medication Chart for Resident #1 on January 17, 2016 already initialed In the future as I give the medication to the resident, I will put my initial to the resident medication chart on the day/time that was given to prevent similar deficiency in the future</p>	4/29/16

	Rules (Criteria)	Plan of Correction	Completion Date
	and January 30 & 31, 2016.		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p>FINDINGS Resident records stored unsecured on a shelf next to the care home exit door.</p>	<p>All old resident binder was placed in utility room secured and lock. In the future all current binders will be place in the cabinets next to the medication secured.</p>	4/29/16
<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing.</u> (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p>FINDINGS Resident #1, no signed, expanded ARCH general operational policy.</p>	<p>I already signed expanded Arch policy for the resident. I made a checklist using OHCA form ARCH 124 as a reminder for myself. and I added expanded policy reminder to sign to prevent similar deficiency when admitting new resident.</p>	4/29/16
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident #1, admitted on January 16, 2016, two (2) step tuberculosis (TB) skin test completed on January 20, 2016, after admission into the care home.</p>	<p>upon admission of a new resident. I made a checklist as a reminder placed in front of the resident binder cabinet that 2 step tuberculosis (TB) skin test will be completed prior to admission</p>	5/18/16

Licensee's/Administrator's Signature: *[Handwritten Signature]*
Print Name: Elsa Galante
Date: 5/7/14

Licensee's/Administrator's Signature: *[Handwritten Signature]*
Print Name: Elsa Galante
Date: 5/19/14