

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gelacio Care Home	CHAPTER 100.1
Address: 1746 Ala Aolani Place, Honolulu, HI 96819	Inspection Date: October 25, 2016 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 medication administration record (MAR) missing administration initials for physician prescribed medication Pravastatin 20mg from August 1, 2016 through August 12, 2016.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, this deficiency was corrected documenting initials of the person who administered the Pravastatin 20mg from Aug 1, 2016 through Aug 12, 2016.</i></p>	<p style="text-align: center;"><i>11/9/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (m)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this deficiency I will use a post-it note and put in front the chart of each resident to remind myself to initial all medications that were administered.</i></p>	<p><i>11-28-16</i></p> <p style="text-align: right;"><i>16 DEC 20 03:16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drill for February, 2016 lists drill date as February 30, 2016.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, this deficiency was corrected by drawing a line through Feb. 30, 2016 and initialing and writing the word "no" the correct date was written in to reflect the actual date the fire drill was done.</i></p>	<p style="text-align: center;">11/4/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-86 (a)(3)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will use a reminder checklist to review each month's fire drill documentation at the end of the month to ensure the correct date is written on</i></p>	11/4/16

Licensee's/Administrator's Signature: Zosima Gelado

Print Name: ZOSIMA GELADO

Date: 11-29-16

Licensee's/Administrator's Signature: Zosima Gelado

Print Name: ZOSIMA GELADO

Date: 11/4/16

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L. Gelado