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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
H. H. C. A. L. I. C. E. N. S. E.

Facility's Name: Gina's	CHAPTER 100.1
Address: 1233 Puu Kipa Street, Pearl City, Hawaii 96782	Inspection Date: August 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b>FINDINGS</b> Primary care giver, completed seven (7) training sessions. However, no time periods recorded. Resubmit documentation for time(s) to verify <u>six (6) hours</u> of training sessions. Hours submitted will be credited to the 2015 annual inspection and cannot be used for 2016.</p>	<p>8(a)(10) Submit requested documents <del>indicated</del> <sup>error</sup> <del>for</del> indicating CEU hours attended or units to OHCA. <del>for</del></p> <p>In the future, I will have a minimum of 6 (CEU's) continuing education credits or training documents in folder for it to be available for annual ARCH inspection. <del>for</del></p>	08.05.15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b>FINDINGS</b> Second floor refrigerator, thermometer reading was 58° F read from two (2) different thermometers.</p>	<p>14(c) Second floor refrigerator, thermometer replaced with a new thermometer. In the future I will make sure refrigerator thermometer and temperature shall be maintained at 45°F or lower. <i>see</i></p>	08.05.15
☒	<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 #1, physician order dated 05/12/15 reads, "Mupirocin 2% ointment BID PRN." However, no medication available during the annual inspection.</p>	<p>15(e) Medication for resident #1 Mupirocin 2% oint BID PRN has been filled and readily available as needed. In the future, all medications including PRN meds will be readily available. <i>see</i></p>	08.05.15
☒	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. Resident #1, physician order dated 05/12/15 reads, "Q-Tussin DM 2 tsp. Q 4 hrs. PRN." However, date of expiration for the pharmacy labeled medication bottle reads, 07/09/15.</li> <li>2. When asked about the procedure to dispose of outdated or unused medications, the primary care giver replied, "Flush down the toilet". However, this procedure is not acceptable.</li> </ol>	<p>15(l) Telephone order from resident #1 PCP to discontinue Q-Tussin DM 2 tsp. Q 4 hrs PRN. In the future all medications need to be current. When disposing of unused or discontinued medications I will take the medication out of original container and mix with coffee grounds or</p>	08.05.15
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D)</p>	<p>Kitty litter in a sealable bag, or empty can; <i>see</i> then toss in trash receptacle. <i>see</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b>FINDINGS</b></p> <p>Household member resided in a licensed bedroom following surgery and two (2) licensed bedrooms currently used for storage:</p> <ol style="list-style-type: none"> <li>1. Bedroom # 1, closet contains durable medical equipment (commode, wheel chair and crutches) belonging to a household member and the room was filled with boxed personal items; and</li> <li>2. Bedroom # 2, used to store a large number of boxes containing household/personal items.</li> </ol>	<p>23(0)(1)(D) Bedroom #1 #2 was cleared of DME (durable medical equipment), boxed items filled w/ personal belongings of household member. All items were removed and placed in proper storage location. <i>gje</i></p> <p>In the future bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries.</p> <p>Bedrooms #1 and #2 will be utilized for the patient and their belongings only. <i>gje</i></p>	<p>08.05.15</p>

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

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

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

*Gina C. Karogal*

Gina C. Karogal

12.17.15