

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gina's	CHAPTER 100.1
Address: 1233 Puu Kipa Street, Pearl City, Hawaii 96782	Inspection Date: August 4, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

<p>If you <u>fail to submit</u> a plan of correction (POC) within <u>ten (10) working days</u> of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement:</p> <p style="text-align: center;"><b>"POC NOT RECEIVED AS OF &lt;DATE&gt;"</b></p>
<p>If you initially submit an <u>unacceptable</u> POC (UPOC), you have <u>ten (10) working days</u> to submit an <u>acceptable</u> POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:</p> <p style="text-align: center;"><b>"POC NOT ACCEPTABLE"</b></p>
<p>If you initially submit an <u>unacceptable</u> POC (UPOC), but you <u>fail to submit</u> a revised POC, your SOD will be posted on the DOH website with the following statement:</p> <p style="text-align: center;"><b>"POC NOT ACCEPTABLE"</b></p>

Gina's Care Home  
 Gina C. Rarogal, PCG

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>            Substitute care givers #1, #2, #3, and #4, no evidence of primary care giver training to make medications available and to provide personal care.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This deficiency is corrected by implementing a plan that includes these steps:</p> <p>First, make sure SCG #1, #2, #3, &amp; #4 that they are aware of specific or special care that we need to provide for the resident.</p> <p>Second, ensure they SCG #1, #2, #3, &amp; #4 comprehend specific or special care that we need to provide for the resident.</p> <p>Third, I the PCG will demonstrate the specific or special care that we need to provide for the resident.</p> <p>Then I (PCG) will have SCG #1, #2, #3 &amp; #4 demonstrate as well as to ensure</p>	<p>09.11.16</p>

We the caregivers provide the care needed and apply it correctly. *Gina*


Gina's Care Home  
Gina C. Karogal, PCG

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
RULE #11-100.1-9(e)(4)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure this will not happen I will follow the implemented plan that is included in correcting the deficiency. _____</p>	09.11.16 GK

Gina's Care Home  
 Gina C. Karogal, PCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i)            Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b>FINDINGS</b>            Resident #1, conflicting diet orders signed on the same date. Diet order on the Annual Physical reads, "Regular Diet" while the electronically signed order reads, "Low Cholesterol -Low Fat Diet". No clarification order obtained.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This deficiency is corrected by <del>implementing</del><sup>erroneous</sup> a plan that includes, <del>implementing</del>            First, the written physician orders on the ARCH document and the electronic physician visit summary and orders from physician done on day of office visit is clear &amp; concise. Second, review and clarification on both documents need to match by reviewing verbally with physician upon office visit. <i>JML</i></p>	<p>09.11.16</p>

Gina's Care Home  
Gina C. Ranogaj, PCG

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE #11-100.1-13(i)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure this will not happen I will follow the implemented plan that is included in correcting the <del>deficiency</del><sup>error or</sup> deficiency. </p>	09.11.16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3)            During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b>            Progress notes did not reflect the following:</p> <ol style="list-style-type: none"> <li>1. PRN medication made available 235 times during the previous year; however, no documentation for the need for or response to the PRN medications.</li> <li>2. Physician ordered sling for displaced right clavicle, no resident response documented.</li> <li>3. Orders for "weight loss, Low Chol and Low Fat Diet"; no resident response documented.</li> <li>4. Mobility and activities regarding,               <ul style="list-style-type: none"> <li>• Use of adaptive equipment for walking (cane, right ankle brace).</li> <li>• Response to physician order for regular exercise and fall prevention precautions.</li> </ul> </li> </ol>	<p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This deficiency is corrected by implementing a plan that includes these steps in the residence monthly progress notes. <del>_____ gae</del>            For the PRN medications first, document need of medication and what it's treating (ie hydrocodone/APAP for pain in Right shoulder). Second, <del>_____ gae</del> document response the effectiveness or ineffectiveness, (ie appears to relieve pain within 1° or 2° or not at all.) as well as indicate when I asked resident #1 assess the pain level 1-10 1 being zero pain and 10 being extremely painful, resident #1 indicated pain level 4. <del>_____ gae</del></p>	<p>09.11.16</p>

Gina's Care Home  
Gina C. Rarogal, PCE

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>RULE #11-100.1-17(b)(3)</p>	<p align="center"><u>FUTURE PLAN</u></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>For the treatment order plan. First, document the purpose of the sling and second, document the response when used (ie. pt/resident #1 indicates pain level decrease to 4 when sling in place on right clavicle when lying down)</p> <p>For specific diet orders such as "weight loss, low chol and low fat diet." First, a documented diet order will be specified &amp; will indicate the purpose. Second, a specified documented response to the specific diet order (ie. consumes 100% of low chol &amp; low fat diet or refused to follow meal plan ordered by physician.)</p>	<p>09.11.16</p>

In the future to ensure this will not happen I will follow the implemented plan that is included in

Always make sure documentation done in monthly progress note. —————

correcting the deficiency.

Licensee's/Administrator's Signature: Eina C. Karogal  
Print Name: Eina C. Karogal, PCG  
Date: 09.11.16