

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE OF HAWAII

DEPARTMENT OF HEALTH

Facility's Name: Gamiao, Nayda (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 3648 Likini Street, Honolulu, Hawaii 96818	Inspection Date: April 4, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b> Resident #1 emergency data sheet not current, medication not updated to latest orders.</p>	<p>See Attached COPY</p>	<p>5/2/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p>	<p>See Attached COPY</p>	<p>5/2/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b><u>FINDINGS</u></b>            Primary care giver, Employees #1, #2, and #3 all short one (1) hour of continuing education hours (CEU). Each have completed only 11 hours of the 12 hours required. Provide copy of one (1) hour CEU for each person listed above.</p>	<p><i>See Attached copy</i></p>	<p><i>5/2/16</i></p>
<p><input checked="" type="checkbox"/></p>	<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><b><u>FINDINGS</u></b>            Resident #1 no evidence of pneumococcal immunization given to or refused by resident.</p>	<p><i>See Attached copy</i></p>	<p><i>5/2/16</i></p>
<p><input checked="" type="checkbox"/></p>	<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><b><u>FINDINGS</u></b>            All fire drills conducted between 9:00 am and 11:00 am. No fire drills conducted during the evening hours.</p>	<p><i>See Attached copy</i></p>	<p><i>5/2/16</i></p>

Licensee's/Administrator's Signature: *Nayda Gamiao*  
Print Name: NAYDA GAMIAO  
Date: 5/2/16

# Plan of Correction

5-2-16

FOR:

① 11-10011-17 - I already updated the emergency data sheet and put the latest orders in the medication list for Resident #1 on 4/5/16. And in the future I do and update it right away for all new orders for all client. I will make a list of all new orders and put it right away and ask my SCG to remind me.

② FOR: 11-10011-83 - Primary caregiver, SCG #1, #2 & #3. We went all to attend 1 hour of each of CEU class on 4/5/16 (See attached copy of Certificate). In the future I will make sure that PCG & all SCG has completed the 12 HRS of CEU certificate and we can't use or repeat the same topic or subject in class. I will put on my calendar before my inspection and ask my SCG to remind me to have our 12 HRS CEU certificate.

③ FOR: 11-10011-84 - I picked up a copy of a note from the PMD that patient was refused to take his pneumococcal vaccine on 4/16/16 (See attached copy) In the future I will make sure that there is an updated pneumococcal vaccine for every client when admitting or a note from PMD who refused to do the vaccine. And also put in my calendar & to ask my SCG to remind <sup>me</sup> for all client to have updated vaccine. (BACKPLS)

