

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel Care Home	CHAPTER 100.1
Address: 94-1034 Awanani Street, Waipahu, Hawaii 96797	Inspection Date: December 13, 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.

RECEIVED
17 APR 17 P 1:49
STATE OF HAWAII
DEPARTMENT OF HEALTH
LICENSING DIVISION

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Pharmacy label does not match order. Resident #1, physician order dated 9/26/16 read, "Senexon-S 8.6 – 50 mg 2 tabs BID." Pharmacy label read, "Senexon-S 2 tabs BID."</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>I called pharmacy that Rx no. --- that does not have doses / strength in bottle label of this medication "Senexon-S 8.6-50mg". Pharmacist agreed to correct the label and deliver following day. ———</i></p>	<p style="text-align: right;"><i>12/13/16</i></p> <p style="text-align: right;">17 APR 17 P 1:49</p> <p style="text-align: right;">RECEIVED STATE OF HAWAII DEPARTMENT OF HEALTH</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Register did not reflect discharge of resident on 11/20/15.</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>I wrote discharge date as soon as I notice it. _____</i></p>	<p style="text-align: center;"><i>12/13/16</i></p> <p style="text-align: right; font-size: small;">RECEIVED STATE OF HAWAII DIR. OF CA. LICENSING APR 17 17:49</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p>FINDINGS Hot and cold water not readily available in resident bathroom.</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 have resident who has a Psychogenic Polydipsia. I turn off the faucet at bed time to prevent her OVER drinking water during night time. I turn ON hot + cold water supply early in the morning before residents get up, ready for personal washing purposes. But I forget to turn ON the faucet that day. Usually I turn ON the faucet during the day which I can monitor her.</p>	<p style="text-align: right;">12/14/16</p>

STATE OF HAWAII
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COMMUNITY CARE LICENSING DIVISION
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedrooms #1, #3 pillows, no pliable plastic cover or markings to indicate that the pillow is personal property of the resident.</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 style="text-align: center;"><i>Pillows were marked and labeled ^{with} their name.</i> _____</p>	<p style="text-align: center;"><i>12/14/16</i></p> <p style="text-align: center;">RECEIVED STATE OF HAWAII DHHS/DOHCA LICENSING APR 17 2017 1:49 PM</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS No care giver training provided by the RN case manager for administration of rectal suppository as indicated in care plan.</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 style="text-align: center;">RN Case Manager trained me for Administration of Rectal Suppository. Attached Copy —————</p>	<p style="text-align: center;">12/15/16</p> <p style="text-align: right; font-size: small;">RECEIVED 17 APR 17 P 1:49 STATE OF HAWAII DEPARTMENT OF HEALTH NURSING LICENSING</p>

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Licensee's/Administrator's Signature: Juliet S. Gabriel
Print Name: JULIET S. GABRIEL
Date: 04/13/17

STATE OF HAWAII
DOH-DHCA LICENSING
17 APR 17 P 1:49