

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Galanto's ARCH | CHAPTER 100.1 |
| Address: 74-846 Uluaoa Street, Kailua-Kona, Hawaii 96740 | Inspection Date: April 28, 2017 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.

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <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><u>FINDINGS</u> One (1) refrigerator thermometer read 28°F (read 60°F at room temperature).</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>Replaced old thermometer. Bought new one</i></p> | <p><i>yes</i> <i>4/28/2017</i></p> |

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| <input checked="" type="checkbox"/> | <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><u>FINDINGS</u> One (1) refrigerator thermometer read 28°F (read 60°F at room temperature).</p> | <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> <ul style="list-style-type: none"> - use another thermometer to ensure that present thermometer is properly working. - Done monthly same time as smoke detector as a reminder | <p style="text-align: center;">4/28/2017</p> |

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|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <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><u>FINDINGS</u> Resident #1, April 2017 medication record read the following:</p> <ul style="list-style-type: none"> • "Calcium Gummy 500 mg by mouth 1 tab once a day" • "Complete Multivitamin gummy vites by mouth 1 tablet once a day" • "Omega-3 32 mg of DHA by mouth 1 tablet once a day" <p>However, no APRN/physician order for administration.</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>Requested copy of physician medication form fr. hospice signed by the doctor. Copy in resident binder.</i></p> | <p><i>yes</i></p> <p><i>5/8/17</i></p> |

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| <input checked="" type="checkbox"/> | <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><u>FINDINGS</u> Resident #1, February – April 2017 monthly medication records read the following:</p> <ul style="list-style-type: none"> • “Morphine liquid 20 mg/ml, 0.25-1 ml by mouth or sublingual every 1 hour as needed for pain and/or difficulty breathing” • “Lorazepam (Ativan) 1 mg tablets, ½ to 1 tablet by mouth or sublingual every 4 hours as needed for anxiety and/or restlessness” • “Lorazepam ¼- ½ / 0.25-0.50 mg by mouth every 4-6 hours as needed for agitation or combativeness. May crush meds” • “Ondansetron (Zofran) 8 mg tablet, ½ - 1 tab (sic) by mouth or rectum every 8 hours as needed for nausea or vomiting.” • “Haldol 1 mg tablets, 1 mg by mouth every 8 hours as needed for agitation or nausea” • “Bisacodyl Suppository (Bisac-Evac or Dulcolax) 10 mg, insert one suppository in rectum daily as needed for constipation.” • “Acetaminophen Suppository (Tylenol) 650 mg, insert one suppository in rectum every 4 hours as needed for fever or pain.” <p>However, no APRN/physician order for administration.</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>Requested copy of physician medication order form for hospice and signed by the doctor. copy in resident binder</i></p> | <p style="text-align: center;"><i>yes</i></p> <p style="text-align: center;"><i>5/8/17</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, physician order dated February 6, 2017 read, "Calmoseptine Apply to reddened areas to prevent skin breakdown." However, order was not transcribed on to the February 2017 medication record.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <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><u>FINDINGS</u> Resident #1, the following case management documents were signed by the registered nurse (RN) case manager on February 11, 2017 and read, "The caregiver(s) has successfully demonstrated the steps to the above listed procedure":</p> <ul style="list-style-type: none"> • "Administering Oral Meds" • "Basic Skills Training" • "Administering Rectal Suppositories" • "Aspiration Precautions" <p>However, the names of care givers trained and the completion dates were not listed.</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>Form is completed, signed and dated by all trained caregivers</i></p> | <p style="text-align: center;"><i>yes</i> <i>5/6/17</i></p> |

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| <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><u>FINDINGS</u> Resident #1, the following case management documents were signed by the registered nurse (RN) case manager on February 11, 2017 and read, "The caregiver(s) has successfully demonstrated the steps to the above listed procedure":</p> <ul style="list-style-type: none"> • "Administering Oral Meds" • "Basic Skills Training" • "Administering Rectal Suppositories" • "Aspiration Precautions" <p>However, the names of care givers trained and the completion dates were not listed.</p> | <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 let all trained caregivers signed and dated upon completion of case manager documents. To make them I will physically count heads and compare to the amount of signature to make sure everyone is accounted. I also spoke to care manager that she will sign last and make a final check of signature.</i></p> | <p style="text-align: center;">5/6/17</p> |

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Licensee's/Administrator's Signature: *Jean Palant*
Print Name: Elsa Galante
Date: 10.¹⁸~~19~~.17
L.O.