

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galicinao (DDDH)	CHAPTER 89
Address: 45-201B William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 20, 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

18 MAR 16 12:33

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><u>FINDINGS</u> Two sample packets of Neosporin Ointment, expired in August 2013, were found in the first aid kit.</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>Discarded the Neosporin Ointment</i></p>	<p style="text-align: center;"><i>4/20/17</i></p> <p style="text-align: right; font-size: small;"> RECEIVED DATE 4/20/17 3:42 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Mineral Ice Pain Relieving Gel was found unsecured in the residents' living room area.</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>Caregiver to make a habit of putting the mineral ice to medication cabinet and lock it immediately after use.</i></p> <p><i>Caregiver removed the mineral ice from living area & placed in the medicine cabinet & locked.</i></p>	<p style="text-align: right;"><i>3/16/18</i></p> <p style="text-align: right;"><i>3/16/18</i></p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE LICENSING</p> <p style="text-align: right;">RECEIVED 18 MAR 16 12:33</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, the 3-month medication updates of June 23, 2016, September 27, 2016, December 17, 2016 and March 16, 2017 did not include the strength of the Senna tablets.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>17 Dec 1 9:42</p> <p>High ORCA 11/27/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, the 3-month medication updates of June 23, 2016, September 27, 2016, December 17, 2016 and March 16, 2017 did not include the strength of the Senna tablets.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Caregivers + and substitute caregivers to check the 90 day update form the strength of medication before giving to Dr. to sign the form during the visit.</i></p>	<p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">.18 MAR 16 P12:33</p> <p style="text-align: right;">STATE OF MARYLAND DH-HOCHA LIBENST</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p>FINDINGS For Resident #1, the medication sheets for April 2016 – February 2017 and April 2017 did not include the strength (8.6 mg) for the Senna tablets.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>12/1/17 Dec 1 2017</p>

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STATE OF HAWAII
DIH-ONCA LICENSING

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> For Resident #1, who has a history of a positive TB skin test, a current TB screening was not on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Asked Dr. Carlos Lam to fill up & sign the form.</i></p>	<p style="text-align: right;"><i>11/30/17</i></p> <p style="text-align: right;"><i>Dec 1 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(4) General rules regarding records:</p> <p>An area shall be provided for the safe and secure storage of residents' records which must be retained by the facility for periods as prescribed by state law;</p> <p><u>FINDINGS</u> Residents' purged records were unsecured on a bookshelf.</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>Purchased new file cabinet with lock.</i></p>	<p><i>yes 11/30/17</i></p> <p style="text-align: right; font-size: small;">47 Dial.com 8:42</p>

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Licensee's/Administrator's Signature: Lilia Galicinao

Print Name: Lilia GALICINAO

Date: 11/30/17

Licensee's/Administrator's Signature: Lilia Galicinao

Print Name: Lilia GALICINAO

Date: 3/16/18

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