STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gacula, Jessie (ARCH)	CHAPTER 100.1
Address: 55 Ahona Place, Hilo, Hawaii 96720	Inspection Date: March 28, 2019

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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APR 17 2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver (SCG) #1 provided care during primary care giver (PCG) leave of absence from December 16, 2018 – January 3, 2019 – no current physical examination.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I OBTAIN A COPY OF PHYSICAL EXAMINATION AND FILE TO MY CARE HOME FOLDER.	APRIL 3, 2019

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APR 04 2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **<u>FINDINGS</u>** Substitute care giver (SCG) #1 provided care during primary care giver (PCG) leave of absence from December 16, 2018 – January 3, 2019 – no current physical examination.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IN THE FUTURE I WILL REMIND MY (SCG) TWO OR THREE MONTHS BEFORE THE EXPIRATION DATE AND HAVE A COPY AVAILABLE PRIOR TO INSPECTION DATE. I'LL KEEP IT ON A CALENDAR EASY FOR ME TO CHECK ANYTIME.	APRIL 15, 2019

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APR 17 2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute care giver (SCG) #1 provided care during PCG's leave of absence from December 16, 2018 – January 3, 2019 – no current tuberculosis (TB) clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I ACQUIRE A COPY OF TB TEST CLEARANCE AND FILE TO MY CARE HOME FOLDER.	APRIL 3, 2019

RECEIVED
APR 04 2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute care giver (SCG) #1 provided care during PCG's leave of absence from December 16, 2018 – January 3, 2019 – no current tuberculosis (TB) clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IN THE FUTURE I'LL OBTAIN A REMINDER NOTES ON MY CALENDAR INDICATING LIST OF DOCUMENTS I NEEDED PRIOR TO INSPECTION DATE. THIS IS AN EXAMPLE OF CHECKLIST AND HAVE IT ATTACH INSIDE PCG'S FOLDER OR RESIDENT FILE.	APRIL 15, 2019

NAME	ITEM	EXPIRE DATE
PCG	TB, PE	______
SCG	CPR + FIRST AID	______
		______

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, physician order dated October 19, 2018 read, "Elidel BID face." However, ointment was not transcribed on to October 2018 medication record.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, physician order dated October 19, 2018 read, "Elidel BID face." However, ointment was not transcribed on to October 2018 medication record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I MAKE SURE TO RECORD THE SAMPLE MEDICATION ON MY MEDICATION RECORD AS SOON AS I ARRIVED HOME FROM THE DOCTOR'S OFFICE.	APRIL 3, 2019

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APR 04 2019

Licensee's/Administrator's Signature: Jessie P. Gacula

Print Name: JESSIE P. GACULA

Date: APRIL 3, 2019

RECEIVED
APR 04 2019

Licensee's/Administrator's Signature: Jessie P. Gacula

Print Name: JESSIE P. GACULA

Date: APRIL 15 2019

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APR 17 2019