

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 4, 2020 – 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.

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 21 2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS Substitute care giver (SCG) #1 – no training provided by the primary care giver (PCG) to provide prescribed medications.	<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> WHEN THEY WERE AT MY PRIMARY CARE-GIVER & SUBSTITUTE CARE-GIVER TRAINING FOLDER, THEY FOUND OUT THAT ONE IS MISSING. I TAUGHT THAT ALL THE COMPLETED AND SIGNED FORMS WAS ALL IN CONTACT ON THE FOLDER. I FINALLY FOUND FOUND THE MISSING FORM THAT WAS MIXED UP WITH MY OTHER PAPER WORKS. I ALREADY CORRECTED THE PROBLEM BY PUTTING BACK THE SAID MISSING COMPLETED FORM. <u>PLEASE SEE ENCLOSED</u> </p>	<p>3-13-20</p>

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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS Substitute care giver (SCG) #1 – no training provided by the primary care giver (PCG) to provide prescribed medications.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I WILL CREATE A CHECK LIST FOR NEW HIRE CARE GIVER TO INCLUDE AND DUPLICATE THEIR PE, TB, CPR, FIRST AID TRAINING. I WILL FILE THEM IN MY SUBSTITUTE CARE GIVER BOOK.</p>	<p style="text-align: right;">4-8-20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) 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. FINDINGS Resident #1, PCG using weekly pill minders to administer medications.	<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;">AS SOON AS I GOT THE INFORMATION REGARDING THE USE OF THE WEEKLY PILL MINDER, I ALREADY DISCONTINUED.</p>	<p style="text-align: center;">3/3-20</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 and prescription bottle label read: <ul style="list-style-type: none"> • "Senna 8.6-50 mg po PRN constipation." However, February and March 2020 medication record read <ul style="list-style-type: none"> • "Senna- S 8.6 mg 50 mg 1 tab qd." 	<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 FORGET TO WRITE DOWN PRN ON THE MEDICATION RECORD FOR SENNA 8.6-50MG I ALREADY MADE THE CORRECTION ON THE MEDICATION RECORD BY WRITING PRN ON THE SAID MEDICATIONS,</p>	<p style="text-align: center;">3.13-20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1, physician order and prescription bottle label read: <ul style="list-style-type: none"> • "Senna 8.6-50 mg po PRN constipation." However, February and March 2020 medication record read and initialed as administered: <ul style="list-style-type: none"> • "Senna- S 8.6 mg 50 mg 1 tab qd." 	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE I WILL BE MORE CAREFUL AND AWARE TO RECORD MEDICATION ORDER AS ORDERED BY A PHYSICIAN OR APRN. TO BE SURE IT WILL NOT HAPPEN AGAIN, I WILL ALWAYS DOUBLE CHECK WHAT ELSE IT TAKES.</p>	<p style="text-align: right;">3.19.20</p>

Licensee's/Administrator's Signature:

Jessie P. Garcia

Print Name:

JESSIE P. GARCIA

Date:

3-13-20

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MAR 25 2020

Licensee's/Administrator's Signature:

Jessie P. Goebel

Print Name:

Jessie P. Goebel

Date:

April 8, 2020

APR 21 2020