Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| **Facility's Name: Galario's Care Home** | **CHAPTER 100.1** |
| **Address:**<br>**94-929 Kuakahi Street, Waipahu, Hawaii 96797** | **Inspection Date: June 30, 2021 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1, no verbal order to discontinue order (4.24.21) Current order reads, "Siltussin DM Cough Syrup 10 ml Q 6 hrs. PRN for cough." No pharmacy container available. June 2021 Medication Administration Record reads, "Resident does not use PRN. No verbal order to discontinue this order | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-15 Medications. (l)<br>There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.<br><br>**FINDINGS**<br>Resident #1, expired "Senna-S 1 tablet PRN" (12.26.20) stored with other PRN medications. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;<br><br>**FINDINGS**<br>Resident #1, observations of the resident's response to diet is unclear in the monthly progress notes. For example:<br><br>1. For August, September and November 2020 and April 2021 response to diet reads, "Yes."<br>2. For remaining months in the prior year, response to diet is blank. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-23 Physical environment. (g)(3)(C)<br>Fire prevention protection.<br><br>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:<br><br>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;<br><br>**FINDINGS**<br>The Fire Evacuation Plan is incomplete as follows:<br><br>1. Place of refuge is not identified in the plan. Please add the "Place of Refuge" to the plan.<br>2. One of three exits in plan identifies a sliding door. Please remove arrows to exit home from this area.<br>3. No bedroom identified as a resident bedroom. Please label rooms used by the residents as Care Rooms or Resident Bedrooms # 1, #2 and #3. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** | |

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____