

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Galanto's ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 74-846 Uluaoa Street, Kailua-Kona, Hawaii 96740</b>	<b>Inspection Date: April 23, 2021 – Annual</b>

**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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u>            Resident #1 -- "Levemir injectable pen" unsecured on upstairs refrigerator door.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><i>Yes</i>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Bought a lock box for upstairs's refrigerator to keep medicine lock and secure.</i></p> <p><i>Levemir injectable pen placed in a lock box located in downstairs refrigerator. Locked + secured</i></p>	<p style="text-align: center;"><i>4/24/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u>  Resident #1 – no two (2) step tuberculosis (TB) skin test. (One (1) TB skin test completed on 11-02-20).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><i>yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>test done</i>  TB skin <sup>test done</sup> was <sup>done</sup> by resident's APRN  Dated given and dated read.  vaccination record card put in the resident binder</p>	<p><i>5/10/21</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – no incident reports for the following:</p> <ul style="list-style-type: none"> <li>• August 2020 progress note dated 8/8/20 read, "Resident have diarrhea &amp; vomiting c/o dizziness &amp; almost pass out, called 911 ambulance came went to Kona Hospital."</li> <li>• November 2020 progress noted dated 11/16/20 indicated resident was transported to the Kona Community Hospital via ambulance for treatment of "UTI."</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <i>Yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I went back to resident's progress notes dated 8/8/20 and dated 11/16/20. Reviewed and incident report made on these 2 incidents. Filed in the care home binder</i></p>	<p style="text-align: center;"><i>5/16/21</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (b) The primary and substitute care giver shall utilize standard precautions in the provision of personal care to the residents.</p> <p><b>FINDINGS</b> Resident #1 – APRN ordered “accucheck daily.” Resident and substitute care giver sharing one glucometer.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <i>yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Brought glucometer for this resident use only. write her name on. placed it in her personal bin</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 – signed general operational policy was signed but not dated.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><i>Yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I went back to care home binder, resident register to check the date when resident was first admitted to the care home. Care home policy dated (1/18/20) day of admission</i></p>	<p><i>4/23/21</i></p>

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Licensee's/Administrator's Signature: MW Palom D

Print Name: Elsa Galanto

Date: 5/13/21