

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gamiao Adult Residential Care Home #2	CHAPTER 100.1
Address: 99-588 Ulune Street, Aiea, Hawaii 96701	Inspection Date: February 16, 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.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 MAY 28 P4:38

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) #2 - No training by Primary Care Giver (PCG) documented.	<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;">YES, PCG WAS TRAINED SCG #2. WE HAVE PROVIDED DOCUMENT OF A LIST OF TRAINING TO TRAIN SCG#2.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	3/17/21 21 MAR 22 P4:04

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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) #2 - No training by Primary Care Giver (PCG) documented.	<p style="text-align: center;"><u>PART 2</u></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>PCG WILL TRAIN ALL SCG'S ON FIRST DAY OF WORK. ALSO, ADD TO CALENDAR STARTING "TO TRAIN SCG" ON DAY SCG STARTS WORK. WILL HAVE TRAINING FOR MS BEFORE 2 DAYS BEFORE WORKING. AM TO CALENDAR "TRAINING FOR MS NEEDED" WHEN SCG STARTS.</p>	<p style="text-align: center;">5/25/21</p> <p style="text-align: center;">MAY 28 4:38</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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 – Medication in refrigerator found unlocked.	<p style="text-align: center;">PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, WE HAVE LOCKED MEDICATION BOX. SEE ALWAYS REMINDER TO LOCK BOX AFTER USE</p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p>	<p style="text-align: center;">3/27/21</p> <p style="text-align: right;">21 MAR 22 P4 04</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (F)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – Blue ink used on Financial Statement and General Operational Policy.</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 style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>21 MAR 22 P4:04</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (9)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; <u>FINDINGS</u> Resident #1 – Blue ink used on Financial Statement and General Operational Policy.	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? WE WILL ADD A NOTE ON FORMS STARTING TO USE ONLY BLACK INK WHILE signing forms.	3/17/21 STATE OF HAWAII DON-CHCA STATE LICENSING 21 MAR 22 P4:04

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. <u>FINDINGS</u> PCC, SCG#1, SCG#2 – Continuing education hours not completed.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, WE HAVE COMPLETED OUR CONTINUING EDUCATION. WE HAVE CERTIFICATIONS COMPLETED FOR 8 HOURS; WHICH WAS NEEDED TO COMPLETE CONTINUING EDUCATION.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">3/17/21</p> <p style="text-align: center;">21 MAR 22 P4:04</p>

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Licensee's/Administrator's Signature:

Signature / *Signature* / SCG#1

Print Name: NAIYA GARNI / GARYS GARNI AD, SCG#1

Date: March 17, 2021

Licensee's/Administrator's Signature:

Signature

Print Name: GARYS GARNI AD

Date: 5/25/21