

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Gamiao, Nayda (E-ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 3648 Likini Street, Honolulu, Hawaii, 96818</b>	<b>Inspection Date: April 9, 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 NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

21 MAY 05 PA 24  
STATE OF HAWAII  
BOHEMICA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u>  Resident #1: Level of care order obtained after admission.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>I provided training to my substitute caregiver to help me obtain the level of care form.</i></p>	<p style="text-align: right;"><i>4/27/21</i></p> <p style="text-align: right;">STATE OF HAWAII  DOH - OHIKA  DATE LICENSING</p> <p style="text-align: right;">21 MAY -5 P4:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-13 <u>Nutrition.</u> (I) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1: Physician diet order of cardiac diet. No documented evidence special diet is being provided.</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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Yes, PCP already changed the diet order to Regular Diet. See PCP diet order enclosed.</i></p>	<p style="text-align: right;"><i>4/27/21</i></p> <p style="text-align: right;">21 MAY -5 P 4 24</p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII  
DOH-DHS-A  
STATE LICENSING

21 MAY -5 P 4 24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #1: No documented evidence of care giver's assessment upon admission.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF HAWAII  DOH-OHCA  STATE LICENSING</p>	<p style="text-align: center;">21 MAY -5 P 4:24</p>



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Licensee's/Administrator's Signature: *Nayda Gamiao, CMAA*

Print Name: NAYDA GAMIAO

Date: 4/27/21

21 MAY -5 P 4:24  
STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING