

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galicinao (DDDH)	CHAPTER 89
Address: 45-201B William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 9, 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-QHCA
STATE LICENSING

21 JUN 30 P 3 54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p>FINDINGS Resident #2 - No current annual tuberculosis clearance on file.</p>	<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>Obtained a copy of the the participants ^{current} TB Clearance fr. the Dr.</i></p> <p style="text-align: center;"><i>Copy of TB Clearance attached</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DCH-ORCA STATE LICENSING</p>	<p style="text-align: center;"><i>6/20/21</i></p> <p style="text-align: center;">21 JUL 27 AM 54</p>

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STATE OF HAWAII
HSH-0HCA
STATE LICENSING

21 JUL 27 AM 54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Swing gate with latching device was installed at the entrance to the hallway by resident bedroom upstairs. There was a latch to secure the gate.</p>	<p>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><i>Removed the unfaled swing gate.</i></p>	<p><i>6/30/21</i></p> <p>21 JUN 30 P 3:55</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “BP every week” on 3/16/2021, 12/17/2020, 9/29/2020, and 6/2/2020. Weekly BP was not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p>FINDINGS Resident #1 – Current Individualized Service Plan (ISP) dated 4/16/2020 indicated there was a Positive Behavior Support Plan (PBSP). No PBSP available for department review.</p>	<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>Received a copy of previous (PBSP) fr. DOH case manager. Copy attached.</i></p>	<p style="text-align: center;"><i>6/30/21</i></p> <p style="text-align: right;">21 JUN 30 3 55 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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Section 89-18 (e) (5) [Part 2, Page 9]

At that time, this citation should not have been noted as a deficiency, because ADH (Adult Day Health program) did not provide caregiver with any supporting document regarding resident ISP (Individualized Service Plan – Positive Behavior Support Plan).

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><u>FINDINGS</u> Resident #1 – No evidence that special diet was provided, as there was no special diet menu for “Dysphagia (level 1) pureed diet.”</p>	<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>Revised menu provided for Dysphagia (level 1) pureed diet.</i></p>	<p style="text-align: right;"><i>6/30/21</i></p> <p style="text-align: right;">21 JUN 30 P 3:55</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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Section 89-19 (c) (2) [Part 2, Page 11]

To prevent this deficiency from happening in the future, I have revised and posted the client menu for “Dysphagia (level 1) pureed diet” on June 30, 2021, to include special diet menus. I will refer to this special diet menu for all future meal preparations.

JUL 27 AM 55

STATE OF HAWAII
BOH-ORCA
STATE LICENSING

Licensee's/Administrator's Signature: Lilia Galicinas
Print Name: Lilia Galicinas
Date: 6/30/21

Licensee's/Administrator's Signature: Lilia Galicinas
Print Name: Lilia Galicinas
Date: 8/9/21