

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Gacula, Jessie (ARCH)	CHAPTER 100.1
<b>Address:</b> 55 Ahona Place, Hilo, Hawaii 96720	<b>Inspection Date:</b> March 7, 2022 – 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <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><b><u>FINDINGS</u></b>  Resident #1 – level of care assessment dated 02-18-21 read, "ICF." Level of care assessment dated 01-31-22 read, "SNF."</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>I APPLIED FOR EXPANDED ARCH LICENSURE  LAST NOVEMBER 8, 2021.</p>	<p style="text-align: center;">3-16-22</p>

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<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 assessment dated 02-18-21 read, "ICF." Level of care assessment dated 01-31-22 read, "SNF."</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">I WILL WORK WITH THE OFFICE OF HEALTH CARE ASSURANCE UNTIL I AM LICENCE EARLY.</p>	<p style="text-align: center;">3-16-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Two (2) unopened bags of rice on the kitchen floor.</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 ALREADY STORED THE TWO UNOPENED BAGS OF RICE INSIDE THE KITCHEN CABINET.</p>	3-16-22

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Two (2) unopened bags of rice on the kitchen floor.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">I WILL MAKE SURE TO STORE ALL FOOD IN THE KITCHEN CABINET UPON ARRIVING FROM THE STORE. I WILL REMIND MY SUBSTITATE TO FOLLOW THE SAME UNDER SANITARY CONDITIONS.</p>	<p style="text-align: center;">3-16-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 -- physician order and prescription bottle label read, "Senna-S tablet 8.6-50 mg take 1 tablet by mouth at <u>bedtime</u> as needed for constipation take only if no bowel movement for 2 days with use of miralax." However, January – March 2022 medication record read, "Senna 8.6-50 mg 1 tab qd AM PRN administered <u>7 am</u>"</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>I CALLED THE DOCTOR FOR SENNA'S 8-6 50 MG REFILLS AND REQUEST TO ADMINISTER 7:00 AM INSTEAD AT BEDTIME. FOR THIS TIME IT WILL BE EASIER TO WORK AND HELP NORMAL.</p>	4-4-22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature 130° F.</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>HOT WATER TEMPERATURE CONTROL WAS ALREADY INSTALLED. JUST TURN THE CONTROL KNOB FROM COLD TO HOT TO SET 100° - 120° F.</p>	<p>3-16-22</p>



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Licensee's/Administrator's Signature: Jessie P. Gacula

Print Name: JESSIE P. GACULA

Date: MARCH 16, 2022

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MAR 21 2022

Licensee's/Administrator's Signature: Jessie P. Gaucula

Print Name: JESSIE P. GAUCULA

Date: APRIL 4, 2022

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