

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 1, 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.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

22 MAR 11 P3:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Bleach unsecured in cabinet under kitchen sink.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 22 MAR 11 P 3:35</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>YES! WE HAVE LOCKED THE CABINET AFTER INSPECTION WAS DONE</p>	<p>2/17/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Bleach unsecured in cabinet under kitchen sink.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>MAR 11 P3:35 '22</p>	<p>PART 2</p> <p><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>Remind All SLG to look At CABINET to double check if LOCKED when they walk by.</p> <p>Also, HAVE A NOTE outside of cabinet as a REMINDER TO LOCK AT ALL TIMES.</p>	<p>2/14/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Medication order for Latanoprost states, “One drop in both eyes daily.” Medication label states, “One drop in the affected eye daily.” Medication order and label are not consistent.</p> <div style="text-align: right; margin-top: 100px;"> <p>STATE OF HAWAII DOH-DOH STATE LICENSING</p> <p>22 MAR 11 P3:35</p> </div>	<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; font-size: 1.2em;">CLARIFIED W/ORDER FROM PHYSICIAN ON 2/8/22</p> <p style="text-align: center; font-size: 1.2em;">Placed "Directions changed, refer to ORDER from 2/8/22" STICKER ON Latanoprost bottle.</p>	<p style="text-align: right; font-size: 1.2em;">2/17/22</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Medication order for Latanoprost states, “One drop in both eyes daily.” Medication label states, “One drop in the affected eye daily.” Medication order and label are not consistent.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 MAR 11 P3:35</p>	<p>PART 2</p> <p><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>SCG #1 WILL CHECK MEDICATION ORDERS AND MEDICATION LABELS EVERY 2-3 MONTHS TO ENSURE THEY HAVE SAME / CORRECT INFORMATION.</p> <p>IMMEDIATELY AFTER, HAVE SCG #2 DOUBLE CHECK TO ENSURE THERE ARE NO ERRORS.</p>	<p>2/17/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> No signed medication orders available with hold parameters; however, multiple medication labels have hold parameters listed.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING MAR 11 2022 3:35 PM</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>YES! PCP HAS SIGNED AND APPROVED OF PARAMETERS ON 2/8/22</p>	2/17/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> No signed medication orders available with hold parameters; however, multiple medication labels have hold parameters listed.</p> <div data-bbox="420 1201 714 1412" style="text-align: right; transform: rotate(180deg);"> STATE OF HAWAII DOH-0HCA STATE LICENSING 22 MAR 11 P3:35 </div>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG #1 WILL AUDIT MEDICATIONS ORDER EVERY 2-3 MONTHS TO ENSURE EVERYTHING IS ACCURATE AND COMPLETE WITHOUT ERRORS.</p> <p>SCG #2 WILL THEN DOUBLE CHECK THE MEDICATIONS AGAIN, WITHIN 24 HRS OF SCG #1 TO ENSURE ACCURACY.</p>	<p style="text-align: right;">2/17/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders not reevaluated and signed by a physician or APRN every four months. Last signed medication orders from August 2021.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>MAR 11 11 P 3:35 '22</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>YES! PCP HAS SIGNED ORDERS FROM LAST VISIT OF 1/28/22</p>	2/17/22

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders not reevaluated and signed by a physician or APRN every four months. Last signed medication orders from August 2021.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 MAR 11 P3:35</p>	<p>PART 2</p> <p><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>SCG #1 WILL MAKE A LIST OF ALL THE MONTHS MEDICATIONS NEED TO BE REEVALUATED AND SIGNED FOR THE WHOLE YEAR OF 2022 AND PLACE IN FRONT OF BINDER SO ITS EASILY ACCESSIBLE. IN ADDITION, SCG#1 WILL CHECK THAT MEDS ORDERS HAVE BEEN SIGNED BEFORE LEAVING THE PHYSICIAN'S OFC. SCG#2 WILL DOUBLE CHECK THE MEDICATION ORDERS AGAIN THAT SAME DAY TO ENSURE THEY ARE ACCURATE AND HAVE BEEN SIGNED.</p>	<p>2/17/22</p>

	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><u>FINDINGS</u> Resident #1 – No assessment completed by primary care giver upon admission.</p> <div style="text-align: right; margin-top: 20px;"> STATE OF HAWAII DOH-CHCA STATE LICENSING MAR 11 11 35 </div>	<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; font-family: cursive;">SCG # 1 DID AN ASSESSMENT OF Resident #1 AND NOTED IT AS A LATE ENTRY.</p>	<p style="text-align: center; font-family: cursive;">2/17/22</p>

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<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><u>FINDINGS</u> Resident #1 – No assessment completed by primary care giver upon admission.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 MAR 11 P3:35</p>	<p>PART 2</p> <p><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>ON ANY ADMISSION/READMISSION, SCG#1 WILL UTILIZE THE ADMISSION/READMISSION CHECKLIST AND ENSURE THAT EVERYTHING IS COMPLETE AND AVAILABLE. ON SAME DAY OF ADMISSION, SCG#2 WILL DOUBLE CHECK THE CHECKLIST TO ENSURE THAT NO ERRORS HAVE BEEN MADE.</p>	2/17/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 documented evidence of 2-step tuberculosis clearance.</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>YES! WE HAVE RECEIVED A COPY OF THE RESIDENTS 2-STEP TB FORM FROM KUA'INI HOME</p>	<p>2/17/22</p>

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MAR 11 3:35 PM '22

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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 documented evidence of 2-step tuberculosis clearance.</p>	<p>PART 2</p> <p><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>on any new admission / re admission scg #1 will utilize the admission / re admission checklist and ensure everything is complete and available.</p> <p>on the same day of admission, scg #2 will double check to ensure that all papers are available, complete, and accurate.</p>	<p>2/17/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – No weight measurement taken on admission.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING 22 MAR 11 P 3:35</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – No weight measurement taken on admission.</p>	<p>PART 2</p> <p><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>WE WILL USE ADMISSION CHECKLIST & GO DOWN THE LIST TO CHECK. SCG #2 WILL CHECK IF ALL PAPERS IS AVAILABLE AND DOUBLE CHECK TO ENSURE THAT ALL PAPERS ARE AVAILABLE, COMPLETE AND ACCURATE.</p>	2/17/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to diet or medications.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>22 MAR 11 P 3:35</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence the resident's physician was notified about the resident's 10-pound weight gain from September to October 2021.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 MAR 11 P 3:35</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG #1) unaware of process to sanitize dishes.</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING 22 MAR 11 P 3:35</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>SANITIZING INSTRUCTIONS PLACED ABOVE</p> <p>ALL SCG WENT OVER PROCESS TO SANITIZE . ALSO HAD A QUIZ ON SANITIZING PROCESS</p>	<p>2/17/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> All fire drills conducted in the morning between 9 and 10 am.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>22 MAR 11 P 3:36</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>	

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Licensee's/Administrator's Signature: _____



Print Name: _____

GILBERT GAMIN

Date: _____

2/23/22

STATE OF HAWAII
DOH-OHCA
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22 MAR 11 P3:36