

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel, Claire (ARCH)	CHAPTER 100.1
Address: 27-358 Anderton Camp Road, Papaikou, Hawaii 96781	Inspection Date: January 5, 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
DEPARTMENT OF CORRECTIONS
MAY 23 2 39 PM '22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Substitute care giver (SCG) #1, no current TB skin test. Last documented 03-20-19. Please submit a copy with your POC. <u>This is a repeat deficiency from your 2021 annual inspection.</u>	<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;">The SCG #1 got a TB test resulting in a negative. TB test result attached.</p>	<p style="text-align: center;">05/12/22</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING 22 MAY 23 P 3:39</p>

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RULES (CRITERIA)		PLAN OF CORRECTION		Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (b) All foods shall be stored in covered containers. <u>FINDINGS</u> Refrigerator contained one (1) halved papaya, one (1) uncovered bowl of papaya, one (1) uncovered bowl of sliced tomatoes and an uncovered tray of desserts.		PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Primary caregiver stored all foods in covered containers - via plastic containers or foil/saran wrap.		01/06/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 – physician order dated <u>06-22-21</u> read “Add Alendronate 70 mg PO weekly.” However, medication was not initiated as administered until <u>07-23-21</u> .	<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"/> §11-100.1-15 Medications. (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 initiated by the care giver. <u>FINDINGS</u> Resident #1 – no medication record for January 2022.	<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;">A completed medication record was done for Resident #1. up to date of inspection and for the rest of January.</p>	<p style="text-align: center;">01/31/22</p> <p style="text-align: center;">22 MAY 23 P 3:39</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> . (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; FINDINGS Exit #1 (front door) – Dog gate and rolling storage shelf obstructing access to safe area of refuge.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Dog gate and rolling storage shelf has been moved and is no longer blocking/obstructing access to safe area of refuge.</i></p>	<p style="text-align: center;"><i>01/05/22</i></p>

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Licensee's/Administrator's Signature:

X Claire Gabriel

Print Name:

Claire Gabriel

Date:

09/21/22

Licensee's/Administrator's Signature:

Claire Gabriel

Print Name:

Claire Gabriel

Date:

05/17/22

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