

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gamiao, Nayda (E-ARCH)	CHAPTER 100.1
Address: 3648 Likini Street, Honolulu, Hawaii, 96818	Inspection Date: April 11, 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
DHF-ORCA
STATE LICENSING

22 APR 18 P 4:24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS Resident #1: medication not segregated according to external or internal use.</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 ALREADY HAVE SEGREGATED/ SEPERATED ALL MEDICATIONS FOR INTERNAL AND EXTERNAL, TOPICAL MEDICATION.</p> <p style="text-align: center;">ALSO, ADDED MEDICATIONS IN A SEPERATE CONTAINER.</p> <p style="text-align: right;"> <small>STATE OF HAWAII DOI-ORCA STATE LICENSING</small> </p>	<p style="text-align: right;"> <i>[Signature]</i> 4/14/22 '22 APR 18 P 4:24 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1: medication not segregated according to external on internal use.</p>	<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 style="text-align: center;">I WILL ADD A NOTE TO MY CALENDAR AND TO THE CONTAINER FOR REMINDER TO SEPERATE EXTERNAL, INTERNAL, TOPICAL MEDICATIONS.</p>	<p style="text-align: right;">4/14/22</p> <p style="text-align: right;">22 Apr 18 P 4:24</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

[Handwritten signature]

Licensee's/Administrator's Signature: Nydia Gamiao, CHS

Print Name: NAYDA GAMIAO

Date: 4/14/22

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