

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

'22 AUG -1 P1 :22

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE INSPECTION

Facility's Name: Galario's Care Home	CHAPTER 100.1
Address: 94-929 Kuakahi Street, Waipahu, Hawaii 96797	Inspection Date: June 27, 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>§11-100.1-15 <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><b>FINDINGS</b>            Resident #1 - Medication orders for Amlodipine and Losartan include hold parameter, "Hold if systolic blood pressure below 100." Medication labels do not include hold parameter as ordered.</p>	<p style="text-align: center;">PART I</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>1. Resident #1 saw her PCP.            Requested the PCP to send full order, including the hold parameters, to pharmacy.</p> <p>Re: current bottle, I placed a "directions changed" sticker on bottle with most recent order date of the medication.</p>	<p style="text-align: right;">22 AUG -1 P1:22</p> <p style="text-align: right;">STATE OF MICHIGAN            DEPARTMENT OF            SOCIAL SERVICES</p>

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	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><b>FINDINGS</b> Resident #1 – Medication orders not reevaluated and signed every four (4) months from 8/19/2021 to 1/6/2022.</p>	<p>PART I</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>'22 AUG -1 P1 :22</p> <p style="text-align: right;">STATE OF HAWAII COMMISSION STATE LICENSING</p>

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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> (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 annual tuberculosis clearance available.</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>I brought Resident #1 to her PCP on October 12, 2022. Her PCP completed the TB Risk Assessment and Attestation Screening form. A copy is enclosed.</p> <p style="text-align: right; font-size: small;">STATE OF NH  PART 1  STATE LICENSE</p>	<p style="text-align: center;">10/12/22</p> <p style="text-align: right; font-size: small;">22 OCT 17 P 3:18</p>

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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><b><u>FINDINGS</u></b> Resident #1 -- Monthly progress notes do not include observations of the resident's response to diet or medications.</p>	<p>PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>'22 AUG -1 P1 :22</p> <p style="text-align: right;">STATE OF HAWAII DHF LHOA STATE LICENSING</p>



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Licensee's/Administrator's Signature: Elena A. Galario

Print Name: Elena A. Galario

Date: August 1, 2022

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STATE OF NEW YORK  
LICENSING  
STATE LICENSING

Licensee's/Administrator's Signature: Elena A. Galario

Print Name: Elena A. Galario

Date: 2022 October 17