

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel Care Home	CHAPTER 100.1
Address: 94-1034 Awanani Street, Waipahu, Hawaii 96797	Inspection Date: December 23, 2021 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

22
JAN 21 3:17
OFFICE OF HEALTH CARE ASSURANCE
STATE OF HAWAII

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #1 – There was no menu for the “Cubed Solids/Thin Liquids” diet.</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>contacted Nutritionist-N.J. to discuss diet order. Received Chopped diet guideline.</i></p>	<p style="text-align: center;"><i>1/12/22</i></p> <p style="text-align: center;">22 JAN 21 P 3:17</p> <p style="text-align: center; font-size: small;">STATE OF PENNSYLVANIA DEPARTMENT OF REVENUE STATE LICENSING</p>

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	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> In resident's bedroom #4, an open container of Vicks Vaporub and an open bottle of Timolol Maleate Ophthalmic Solution USP 0.5% were left on the resident's bedside cabinet, unsecured.</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;">Ask Dr. Steven Rhee, D.O. an order for patient to hold Timolol Maleate eye drop.</p> <p style="text-align: center;">Attached Physician Order 12/27/21</p>	<p style="text-align: center;">12/27/21</p> <p style="text-align: center;">22 JAN 21 P3:17</p> <p style="text-align: center;">STATE OF HAWAII DOR-CHCA STATE LICENSING</p>

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	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>FINDINGS Resident #1 – Physician's order includes "Okay to crush medications." The instruction was not noted in medication administration record (MAR.) The caregiver corrected during the inspection.</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>	<p>12/23/21</p> <p>22 JAN 21 P 3:18</p> <p>STATE OF HAWAII DOH - SHEA STATE LICENSING</p>

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STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

22 MAR 21 P 3:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – November 2021 progress notes were written with black and blue ink.</p>	<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>	<p style="text-align: center;">12/23/21</p> <p style="text-align: right;">'22 JAN 21 P 3:18</p>

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

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STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

22 MAR 21 P3:01

Licensee's/Administrator's Signature: Juliet S. Gabriel
Print Name: JULIET S. GABRIEL
Date: 1/15/22

Licensee's/Administrator's Signature: Juliet S. Gabriel
Print Name: JULIET S. GABRIEL
Date: 3/16/22

22 JAN 21 P3:18
STATE OF HAWAII
DOH-DHQA
STATE LICENSING