

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gelacio Care Home	CHAPTER 100.1
Address: 1746 Ala Aolani Place, Honolulu, Hawaii 96819	Inspection Date: October 7, 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> (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> Resident #1 - The following medication orders were left blank on the medication administration record (MAR). No documented evidence that the following medications were either given to, held from, or refused by resident on MAR:</p> <ul style="list-style-type: none"> • Mirtazapine 15 mg, 1 tab PO Q.H.S: left blank from 9/2/22 to 9/30/22. • Sertraline 50mg, 2 tab PO AM daily: left blank from 12/1/21 to 12/31/21. 	<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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<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> Resident #1 - The following medication orders were left blank on the medication administration record (MAR). No documented evidence that the following medications were either given to, held from, or refused by resident on MAR:</p> <ul style="list-style-type: none"> • Mirtazapine 15 mg, 1 tab PO Q.H.S: left blank from 9/2/22 to 9/30/22. • Sertraline 50mg, 2 tab PO AM daily: left blank from 12/1/21 to 12/31/21. 	<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><i>Initial medication record check sheet upon administering medication as ordered</i></p> <p><i>Review medication record monthly.</i></p> <p><i>A reminder is placed on my medication cabinet to review & document medication daily</i></p>	<p style="text-align: right;"><i>10/5/22</i></p>

	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 – Observed medication administration record (MAR) was initialed with blue ink from 12/3/21 to 12/7/21.</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> (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 – Observed medication administration record (MAR) was initialed with blue ink from 12/3/21 to 12/7/21.</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><i>I will make sure to use black pen ink for all my medication record.</i></p> <p><i>A reminder is placed on my medication cabinet and clients told to use black pen on all clients record</i></p>	<p style="text-align: right;"><i>10/8/22</i></p>

Licensee's/Administrator's Signature: Zosima Gelacio

Print Name: ZOSIMA GELACIO

Date: 12/15/22

RECEIVED
DEC 27 2022