

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Gabriel Care Home | CHAPTER 100.1 |
| Address: 94-1034 Awanani Street, Waipahu, Hawaii 96797 | Inspection Date: December 16, 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>§11-100.1-17 <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 documented evidence of an initial tuberculosis clearance. In addition, annual tuberculosis clearance not signed by a physician or APRN.</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 called Dr Sorbetta Guillermo office if J.L. had 2 steps TB clearance. But NO record. Two steps was given by Dr S. Guillermo office dated 12/24/22 and 12/31/22 and signed by Dr. S. Guillermo. 1/7/23</p> <p>Attached an initial tuberculosis clearance and an annual tuberculosis clearance 7/21/22 and signed also by the doctor</p> | <p style="text-align: right;">23 JUN 10 01:10</p> |

Gabriel Care Home
808-393-4256

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01/05/2013 02:36 18086770123 JULIET PAGE 03/05

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| <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>FINDINGS Resident #1 – Multiple monthly progress notes did not include observations of the resident's response to medications.</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>1/7/23</p> <p>23 JUN 10 P 1:11</p> |

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Licensee's/Administrator's Signature: Juliet S. Gabriel
 Print Name: JULIET S. Gabriel
 Date: Jan. 7, 2023

23 JAN 10 P 1:11
 STATE OF MASSACHUSETTS
 DEPARTMENT OF HEALTH

Licensee's/Administrator's Signature: Juliet S. Gabriel
Print Name: JULIET S. GABRIEL
Date: 3/5/23

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