

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galantos's ARCH	CHAPTER 100.1
Address: 74-846 Uluaoa Street, Kailua-Kona, Hawaii 96740	Inspection Date: April 27, 2023 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No documented evidence of when SCG had a positive Tuberculosis (TB) skin test. History of Xray and annual attestation present in care home binder.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Went to the Department of Health and obtained a letter documenting evidence of when care giver #1 had a positive Tuberculosis (TB) skin test.</i></p>	<p><i>Yes</i></p> <p><i>5/16/23</i></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)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> No documented evidence of a current inventory of belongings for the following:</p> <ul style="list-style-type: none"> • Resident #1 - Last documented inventory conducted January 2017. • Resident #2 – Last documented inventory conducted August 2019. 	<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>Inventory of belongings for resident #1 and Resident #2 was conducted, documented and filed in the resident binder.</i></p>	<p><i>yes</i></p> <p><i>5/15/23</i></p> <p style="text-align: right; vertical-align: bottom;"><i>23 MAY 16 10:30 AM</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> No documented evidence of a current inventory of belongings for the following:</p> <ul style="list-style-type: none"> • Resident #1 - Last documented inventory conducted January 2017. • Resident #2 – Last documented inventory conducted August 2019. 	<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 made a reminder note pasted in the back (L) door of the medicine cabinet. will do inventory of the residents belonging the same time with their annual physical exam.</i></p>	<p style="text-align: center;"><i>5/15/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute Care Giver #2 – Missing 6 hours of continuing education.</p> <p>Please include a copy of the remaining six hours of continuing education with your plan of correction as evidence of completion.</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>I obtained copy of the 6 hours continuing education from the nurse who gave the inservice</i></p>	<p style="text-align: center;"><i>yes</i> <i>5/15/23</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: *Elsa Galante*
Print Name: Elsa Galante
Date: 5/16/23

23 MAY 18 2023