

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galicinao (DDDH)	CHAPTER 89
Address: 45-201B William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 12, 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.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 JUL 24 AM 1:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Certified Care Givers (CCG) #1, #2, #3, #4, #5, and Household member (HHM) #2 – No current fieldprint results.</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 have printed the results of my HHM #2, field print background check, and it is available for review with the rest of my care home staff clearances.</p> <p>For my CCG #4, she is no longer my substitute caregiver. She is now licensed as a foster home caregiver.</p>	<p>4/27/2023</p> <p>4/03/2023</p>

STATE OF HAWAII
DOH-OHCA
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23 JUL 24 AM 1:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure.</u> (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Certified Care Givers (CCG) #1, #2, #3, #4, #5, and Household member (HHM) #2 – No current fieldprint results.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in future, I have updated my fingerprinting checklist to include a reminder for all of my CCG and HHM to complete fingerprinting before the deadline date. I will refer to this checklist before all future expiration dates.</p>	<p>6/20/2023</p>

STATE OF HAWAII
DOH-CHCA
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23 JUL 24 AM 1:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>FINDINGS CCG#5 and HHM#2 – No current annual tuberculosis (TB) clearance.</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 have printed the results of my CCG #5, and HHM #2 Annual TB clearances, and it is available for review with the rest of my care home staff clearances.</p>	<p>4/14/2023 and 4/19/2023</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING JUL 24 AM 1:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p><u>FINDINGS</u> CCG#5 and HHM#2 – No current annual tuberculosis (TB) clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in future, I have updated my tuberculosis (TB) checklist to include a reminder for all of my CCG and HHM to complete TB before the expiration date annually. I will refer to this checklist before all future expiration dates.</p>	<p>6/20/2023</p> <p>23 JUL 24 AM 1:23</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – on 4/20/22, Physician ordered Dorzolamide 2.23% Timolol 0.68% solution, 1 drop into left eye every evening. Medication is renewed by Physician on 10/5/22 and 4/16/23, however, medication is on the 4/2022 medication administration record (MAR) only. No discontinue order.</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 have printed the corrected Medication Chart, and it is available for review of Resident #1.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p>6/20/2023</p> <p style="text-align: right;">23 JUL 24 AM 1:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – on 4/20/22, Physician ordered Dorzolamide 2.23% Timolol 0.68% solution, 1 drop into left eye every evening. Medication is renewed by Physician on 10/5/22 and 4/16/23, however, medication is on the 4/2022 medication administration record (MAR) only. No discontinue order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have updated my Resident's Medication Chart to include a reminder to update all if any, doctors' orders as needed. I will refer to my doctor's orders checklist during all necessary changes in the future.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>6/20/2023</p> <p>23 JUL 24 AM 1:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – On 4/20/22, Physician ordered “MPAP 500mg, take 1-tab Q 8hours PRN pain/fever”. Medication was renewed on 7/14/22, 10/22/22, and 1/25/23, however, MAR entry does not match Physician’s order.</p> <p>MAR entry states, “Tylenol (Acetaminophen) 325mg take two tabs by mouth every 4 hours as needed for pain/fever above 100 degrees”.</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 have printed the corrected Medication Chart and Physician's order. It now matches the 90 days update and PRN Medication form, available for review of Resident #1.</p>	<p>6/20/2023</p> <div style="text-align: right;"> <p>23 JUL 24 AM 11:23</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – On 4/20/22, Physician ordered “MPAP 500mg, take 1-tab Q 8hours PRN pain/fever”. Medication was renewed on 7/14/22, 10/22/22, and 1/25/23, however, MAR entry does not match Physician’s order.</p> <p>MAR entry states, “Tylenol (Acetaminophen) 325mg take two tabs by mouth every 4 hours as needed for pain/fever above 100 degrees”.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have updated my Medication & 90 days form to include a reminder to update all if any, doctors' orders as needed. I will refer to my doctor's orders checklist during all necessary changes in the future.</p> <p>STATE OF HAWAII DOH-OSCA STATE LICENSING</p>	<p>6/20/2023</p> <p>23 JUL 24 AM 1:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Robitussin DM Syrup was initially ordered on 4/20/22, however, medication was not renewed every three months. Medication is on the MAR for the duration of the inspection year. There is no discontinue order.</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 have printed the results of my 90 days update form, and it is available for review.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>6/20/2023</p> <p>23 JUL 24 AM 1:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Robitussin DM Syrup was initially ordered on 4/20/22, however, medication was not renewed every three months. Medication is on the MAR for the duration of the inspection year. There is no discontinue order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have updated my 90 days form to include a checklist to remind me of any medications that needs to be updated.</p>	<p>6/20/2023</p> <p>23 JUL 24 AM 1:23</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-16 <u>Admission policies.</u> (b)(1) The caregiver shall coordinate with the division for screening, placement, and case management prior to admission.</p> <p>The case manager shall develop an individual plan with the resident, guardian, family, or significant others based upon the assessment and preferences of the resident and outcome to be achieved.</p> <p><u>FINDINGS</u> Resident #1 – Individual Support Plan is not current. Date of plan is from 12/10/21 to 11/30/22.</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 have received and printed a copy of the ISP for Resident #1, and it is available for review with the rest of my care home residents.</p>	<p>6/20/2023</p> <p style="text-align: right;">23 JUL 24 AM 1:23 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-16 <u>Admission policies.</u> (b)(1) The caregiver shall coordinate with the division for screening, placement, and case management prior to admission.</p> <p>The case manager shall develop an individual plan with the resident, guardian, family, or significant others based upon the assessment and preferences of the resident and outcome to be achieved.</p> <p><u>FINDINGS</u> Resident #1 – Individual Support Plan is not current. Date of plan is from 12/10/21 to 11/30/22.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have added to my checklist an earlier follow up to the case manager. I will refer to this reminder annually for all future compliances of the clients ISP.</p>	<p>6/20/2023</p> <p>23 JUL 24 AM 11:23</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> There are no progress notes for Resident #1, Resident #3, and Resident #4 for the entire inspection year, April 2022 to April 2023.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, I have trained my substitute care givers how to make progress notes. At least one of them will keep track and double check that all observations are noted regularly and annually.</p>	<p>6/20/2023</p> <p>23 JUL 24 AM 1:23</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-18 <u>Records and reports.</u> (b)(7) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><u>FINDINGS</u> There were no monthly weights taken for Resident #1, Resident #3, and Resident #4 for the entire inspection year, April 2022 to April 2023.</p> <p>There were no monthly weights taken for Resident #2 from January 2022 to current.</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 have printed the monthly weights taken for the entire inspection year from April 2022 to April 2023 for Residents #1, #3, and #4, and they are ready for review.</p> <p>Also, I have printed the monthly weights taken for residents #Resident #2 for the entire inspection year from January 2022 to current, and they are ready for review.</p>	<p>6/20/2023</p> <p style="text-align: right;">23 JUL 24 AM 1:23 STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-18 <u>Records and reports.</u> (b)(7) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><u>FINDINGS</u> There were no monthly weights taken for Resident #1, Resident #3, and Resident #4 for the entire inspection year, April 2022 to April 2023.</p> <p>There were no monthly weights taken for Resident #2 from January 2022 to current.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have added to my care home checklist a reminder to include monthly weight checks for all residents to be updated.</p>	<p>6/20/2023</p> <p>23 JUL 24 AM 1:23</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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		<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	<p align="center">23 JUL 24 AM 1:23</p> <p align="center">STATE OF HAWAII DOR-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
		<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	<p align="center">23 JUL 24 AM 1:22</p> <p align="center">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Lilia Galicinao

Print Name: Lilia Galicinao

Date: June 20, 2023

23 JUL 24 AM 1:22
STATE OF HAWAII
DOH-OHCA
STATE LICENSING