

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galario's Care Home	CHAPTER 100.1
Address: 94-929 Kuakahi Street, Waipahu, Hawaii 96797	Inspection Date: June 15, 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
DEPARTMENT OF HEALTH
STATE LICENSING

23 JUN 27 PM 2:57

	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>FINDINGS SCG #1 and #2 – No annual tuberculosis clearance available.</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>Yes. SCG #1 and SCG #2 went to the PCP and got their annual tuberculosis clearance forms completed.</p>	<p style="text-align: right;"><i>6/23/2023</i></p> <p style="text-align: right;">23 JUN 27 12 58</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	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>FINDINGS SCG #1 and #2 – No annual tuberculosis clearance available.</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 style="text-align: center;">In the future, I will create SGC PCP packets to include both physical exams forms and the tuberculosis clearance forms for any and all SCGs so that this document will be complete at the PCP appointment.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>6/29/2023</i></p> <p style="text-align: right;">23 JUN 27 112 58</p>

	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><u>FINDINGS</u> Resident #1 – Order for Mapap = 325 mg 1-2 tabs orally every six hours as needed for fever or pain. Mapap given on multiple occasions; however, medication administration record does not specify how many tabs were given.</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;">Yes. I have modified the medication administrative record to include a section for how many tabs were given for this medication.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;"><i>6/27/2023</i></p> <p style="text-align: right;">23 JUN 27 PM 2:58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Elena A. Galario

Print Name: Elena A. Galario

Date: June 26, 2023

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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