

9/5/2023

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ganacial Care Home, LLC	CHAPTER 100.1
Address: 92-366 Waiomea Street, Kapolei, Hawaii 96707	Inspection Date: August 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DONOR
STATE LICENSING

23 SEP -5 AM 10:32

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #1 – No menu for a special diet “Reg, Chopped diet, thing liquids” ordered on 2/21/2023.</p> <p>Please submit weekly menus (7 days) for this special diet for department review.</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>Weekly menu will be posted in the conspicuous place in the dining area for the residents and department to review.</p> <p>Submitted weekly menus for special diet for department review.</p>	<p>8/29/23</p> <p>8/29/23</p>

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

23 SEP -5 AM 3:32

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #1 – No menu for a special diet “Reg, Chopped diet, thing liquids” ordered on 2/21/2023.</p> <p>Please submit weekly menus (7 days) for this special diet for department review.</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>Submitted weekly menu for special diet (regular, chopped and thin liquids) for department review.</p> <p><i>If I have a resident for requires special diet in the future I will contact OCHA nutritionist for help.</i></p>	<p>8/29/23</p> <p>10/26/23</p> <p>STATE OF HAWAII DOH-OCHA STATE LICENSING</p> <p>23 SEP -5 10:32</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered to “Shift Boost to Ensure BID” on 2/27/2023. The type of Ensure, the number of bottles per day not provided. The physician’s order not clarified. Physician’s order for “Ensure Original, Food Supplement, Take 1 can by mouth 2X a day for malnutrition” was obtained on 3/29/2023.</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>23 SEP -5 AM 31</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered to “Shift Boost to Ensure BID” on 2/27/2023. The type of Ensure, the number of bottles per day not provided. The physician’s order not clarified. Physician’s order for “Ensure Original, Food Supplement, Take 1 can by mouth 2X a day for malnutrition” was obtained on 3/29/2023.</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>PCG will obtain Physician or APRN orders for nutritional supplements, including vitamins, minerals, formula meals and thickening annually. Will put in the PCG phone calendar to remind PCG to obtain order 1 month prior to expiration.</p> <p><i>I will review the diet order monthly at the end of the month. If clarification is needed I will contact the doctor within 24 hours.</i></p>	<p>8/29/23</p> <p>10/26/23</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>23 SEP -5 AM 3:1</p>

	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 – Medication label for Alendronate Sodium says to take before breakfast. In medication administration record (MAR), dosing time is recorded as 8am. Primary Care Giver (PCG) stated that breakfast is at 7:30am.</p>	<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>PCG shall follow all medications and supplements according to the Physician or APRN order.</p> <p>Alendronate Sodium will be given by PCG/SCG 30 minutes prior to clients breakfast.</p> <p><i>I administer the medication at 7am 30 minutes before breakfast</i></p>	<p>8/29/23</p> <p><i>8/29/23</i></p> <p><i>10/26/23</i></p> <div style="text-align: right;"> <p>23 SEP -5 AMO:31</p> <p>STATE OF HAWAII DOH-OLCA STATE LICENSING</p> </div>

	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 – Medication label for Alendronate Sodium says to take before breakfast. In medication administration record (MAR), dosing time is recorded as 8am. Primary Care Giver (PCG) stated that breakfast is at 7:30am.</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>PCG shall follow all medications and supplements according to the Physician or APRN order.</p> <p>Alendronate Sodium will be given by PCG/SCG 30 minutes prior to clients breakfast.</p> <p><i>I will review the medication order every 2 weeks to make sure physician order is carried out correctly.</i></p>	<p><i>10/26/23</i></p> <div style="text-align: right;"> <p>23 SEP -5 AM 31</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – There is no progress notes for observation of 19 lbs. weight gain from 88 lbs. at admission (February 2023) to 107 lbs. (July 2023).</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>23 SEP -5 AM 0:31</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – There is no progress notes for observation of 19 lbs. weight gain from 88 lbs. at admission (February 2023) to 107 lbs. (July 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>PCG will document immediately in the clients chart any observation, any changes in clients condition, response to medications, treatments, diet, care plan, behavior patterns, including dates, time and all action taken.</p> <p><i>I will review progress at the end of the month. I will document if necessary.</i></p>	<p>8/29/23</p> <p>10/26/23</p>

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

23 SEP -5

NOV 31

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – 6/29/2023 physician's notes stated, "See notes." There are no additional notes available for this visit.</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>Obtained 6/29/23 physician notes and placed in the clients chart.</p>	<p>8/29/23</p> <p>23 SEP -5 AIO:31</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – 6/29/2023 physician's notes stated, "See notes." There are no additional notes available for this visit.</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>PCG accurate and place right away in the clients chart and readily available for review by the department or responsible placement agency.</p> <p><i>I will contact the physician office if I don't received visit record within one week.</i></p>	<p>8/29/23</p> <p><i>10/26/23</i></p> <p>STATE OF HAWAII DEPT OF HEALTH STATE LICENSING</p> <p>23 SEP -5 AMO :25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Medication list in Emergency Information Sheet did not include indications for as needed use. Corrected during inspection.</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>23 SEP -5 AIO :25</p> <p>STATE OF HAWAII BOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Medication list in Emergency Information Sheet did not include indications for as needed use. Corrected during inspection.</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>PCG shall obtain complete, accurate, current and place in the clients chart immediately and readily available for review by the department and responsible placement agency.</p> <p><i>I will review emergency information after every office visit. I will update it as needed.</i></p>	<p>8/29/23</p> <p>10/26/23</p> <p>23 SEP -5 AIO:25</p> <p>STATE OF HAWAII DCH-ORCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. <u>FINDINGS</u> Resident #1 – White correction tape was used to change the patient's name on "PHYSICIAN/APRN RECORD" form. The form was signed by the physician but not dated.	<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>	<p style="text-align: right;">23 SEP -5 AM 10:25</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White correction tape was used to change the patient's name on "PHYSICIAN/APRN RECORD" form. The form was signed by the physician but not dated.</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>PCP PEG shall not use correction tape to change any information contained in the resident record. A line with initial of person making corrections shall be used when making corrections. PEG PCP shall make sure that documentations are correct and accurate and put in clients chart immediately for the department to review.</p> <p><i>I did Tell Dr. Sonido about the wipe 8/21/2023</i></p> <p><i>I will review documents after the visit if wipe out use again I will let the office know.</i></p>	<p>8/29/23</p> <p style="text-align: right;"> 23 SEP -5 11:025 STATE OF HAWAII DOH-ORCA STATE LICENSING </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> In bedroom #4, a comfortable mattress pad was not provided. Corrected during inspection.</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>23 SEP -5 AM 0:25</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> In bedroom #4, a comfortable mattress pad was not provided. Corrected during inspection.</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>PCG shall provide bedroom furnishings to make clients comfortable at all times.</p> <p>PCG corrected and provided comfortable mattress pad during inspection.</p>	<p>8/29/23</p> <p>23 SEP -5 AMO 25</p> <p>STATE OF HAWAII DH-CHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: D. Ganencial

Print Name: Dairy A. Ganencial

Date: 10/26/2023

STATE OF HAWAII
DHHS-CHCA
STATE LICENSING

23 OCT 26 P 2:08