

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel Care Home	CHAPTER 100.1
Address: 94-1034 Awanani Street, Waipahu, Hawaii 96797	Inspection Date: December 5, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

08/16/16, Rev 09/09/16, 03/06/18, 04/16/18, 12/26/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) and substitute caregiver (SCG)- No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide copies of Fieldprint results with your plan of correction.</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>made an appt. 12/16/24 at - 12:10pm for Juliet S. Gabriel</i></p> <p><i>Appt 12/16/24 - 12:10pm for Jenner Gabriel</i></p> <p><i>copy attached</i></p>	<p><i>12/27/24</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> PCG and SCG- No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide copies of Fieldprint results with your plan of correction.</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><i>Make a schedule one mo. in advance before month 01/30/25 of December and take Note November Calendar</i></p>	<p>25 MAR 10 PM 1:21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Two (2) boxes of labeled Bisacodyl suppositories found unsecured in the residents' refrigerator.</p> <p>PCG removed and secured the medications during the time of 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>12/5/24</p> <p>25 NOV 10 PM 20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1- No physician order to hold Suplena Carb Steady. Last physician noted on 10/4/24 stated, "No change to your medications were made during your health care encounter".</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>Made appt. to Drop off papers to VA office at Kaporie branch + let sign by PCP. To be pick up 1/14/25 at Primary Care Registration.</p> <p>attached Copy</p>	<p>1/14/25</p> <p>25 JAN 10 01:20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1- No physician order to hold Suplena Carb Steady. Last physician noted on 10/4/24 stated, "No change to your medications were made during your health care encounter".</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>Next time, I'll check first what I need from the doctor either signature or etc. before leaving doctor's office.</p> <p>I will make a check list + place in the folder. Before I leave doctor's office. I have to go back in the check list that a made every thing I made is checked completely, before leave the Doctor's office</p>	<p>1/14/25</p> <p>4/28/25</p> <p>25 JUN 10 01:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a) 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><u>FINDINGS</u> Resident #1- Missing page 2 of Emergency Resident Information that includes medication and last annual TB result.</p> <p>Please submit copy of the Emergency Resident Information with your plan of correction.</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>Write 2nd page of Emergency Resident Information.</i></p> <p><i>Submit 2 pages of Emergency Resident information.</i></p> <p><i>attached copy</i></p>	<p><i>12/6/24</i></p> <p style="text-align: right;">25 NOV 10 PM 20</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> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #2- no annual physical exam, last completed 8/8/23, overdue.</p> <p>Please submit a copy of the annual physical exam with your plan of correction.</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>First appt. was 12/4/24 was cancelled. Made another appt to Dr Hobbs for Annual PE. But only telehealth only. Telehealth was successful.</p> <p>Attached Copy</p>	<p>2/21/25</p> <p>75 MAR 10 P1 20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1- No documented evidence of written policies for services available or related charges.</p> <p>Please submit a copy of the financial statement with your plan of correction.</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>This is far pt. James Smith</i></p> <p><i>Signed by Robert White - office of Public Guardian dated 9/19/24</i></p> <p><i>Resident Financial Statement was only mislooked during annual inspection.</i></p> <p><i>attached Copy</i></p>	<p><i>09/19/25</i></p> <p style="text-align: right; transform: rotate(-90deg);"><i>09/19/25 10:51:59</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> One drawer handle missing in Bedroom #1, unable to open drawer. Top drawer in Bedroom#4 broken.</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>Replaced drawer handle into a ribbon tie style - bedroom #1</p> <p>I aligned drawer and the wood where drawer run run over the wood until it runs smoothly - bedroom #4</p>	<p>12/6/24</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><u>FINDINGS</u> No documented evidence of hard wire smoke detector found during time of inspection.</p> <p>Please submit evidence of home serviced for hard wired or a letter to downgrade from expanded to ARCH with your plan of correction.</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>made appt. with Electrician to have service for Hard Wired Smoke Detector.</i></p> <p style="text-align: center;"><i>Attached Copy</i></p>	<p style="text-align: center;"><i>12/20/24</i></p> <p style="text-align: center;"><i>25 JAN 10 21:19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><u>FINDINGS</u> No documented evidence of hard wire smoke detector found during time of inspection.</p> <p>Please submit evidence of home serviced for hard wired or a letter to downgrade from expanded to ARCH with your plan of correction.</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><i>I will plan earlier whether to have home serviced for hard wired smoke detector</i></p>	<p><i>12/2024</i></p>

Licensee's/Administrator's Signature: Juliet S. Gabriel

Print Name: JULIET S. GABRIEL

Date: 03/10/2025

25 MAR 10 P1:19
STANLEY