

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gamiao Adult Residential Care Home #2	CHAPTER 100.1
Address: 99-588 Ulune Street, Aiea, Hawaii 96701	Inspection Date: March 4, 2026

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).

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (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>FINDINGS Resident #1 - Bottle of Miralax in resident's medication bin had an expiration date of January 2026.</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>Immediate action was taken by removing and discarding the expired medication. 4 new bottles of Miralax with a different new expiration date was obtained and placed in residents medication bin.</p>	<p>3/5/24</p>

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STATE OF HAWAII
 HCH-611A
 STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (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>FINDINGS Resident #1 - Bottle of Miralax in resident's medication bin had an expiration date of January 2026.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PART 2 FUTURE PLAN</p> <p>To prevent this from happening again all medications were checked for expiration dates. Also, medications will be checked monthly to make sure they are not expired. Staff will be reminded to check expiration dates during regimen med review.</p>	<p>3/5/26</p>

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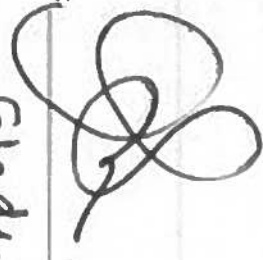
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission, FINDINGS Resident #1 - Primary Care Giver (PCG) did not complete a current admission assessment.</p> <p>26 MAR -9 10:49 STATE OF HAWAII DCH-SICA STATE LICENSING</p>	<p>Correcting the deficiency after-the-fact is not practical/ appropriate. For this deficiency, only a future plan is required.</p>	<p>—</p>

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<p>§11-100.1-17 Records and reports (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1 - Primary Care Giver (PCG) did not complete a current admission assessment.</p> <p>STATE OF HAWAII BEH - WFLA STATE LICENSING</p> <p>26 MAR -9 09:50</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>PART 2</p> <p>To ensure this does not happen again the CTO or Pcb will do an admission checklist to verify that all required admission documents are completed at time of admission. The CTO or Pcb will review within 24 hours after new resident's admission to ensure all required documents is complete and filed.</p>	<p>3/12/20</p>

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Licensee's/Administrator's Signature:


Gladys Gamio, PCA

Print Name:

Gladys Gamio

Date:

3/5/2026