Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gelacio Care Home	**CHAPTER 100.1**
Address: 1746 Ala Aolani Place, Honolulu, Hawaii 96819	**Inspection Date: October 15, 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** Substitute care giver (SCG) - No documented evidence of successful completion of twelve hours of continuing education courses per year. SCG completed eight hours out of twelve hours continuing education courses on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **Please submit four hours of continuing education to complete the required twelve hours with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Documented deficiency was completed. I notified the substitute caregiver to submit the original certificate and I submitted to my consultant	1/27/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **<u>FINDINGS</u>** SCG - No documented evidence of successful completion of twelve hours of continuing education courses per year. SCG completed eight hours out of twelve hours continuing education courses on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **Please submit four hours of continuing education to complete the required twelve hours with your plan of correction.**	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future to prevent my deficiency I will make a checklist to document the inservice records to make sure all staff has twelve credits per year. I will place these checklist to my carehome binder to make sure I place the checklist to my carehome binder so I can check monthly. '25 JAN 27 P1:27	1/27/25

Licensee's/Administrator's Signature: x Zosima Gelaud

Print Name: ZOSIMA GELAUD

Date: 1/27/25