

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Rainbow Adult Residential Care Home/Expanded ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 95-195 Aumea Loop, Mililani, Hawaii 96789</b>	<b>Inspection Date: December 30, 2015 Annual</b>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> No documentation of training by primary care giver for Substitute Care Givers [redacted] to make medications available to residents and document such action.</p>	<p>SCG [redacted] Pls. see attached Record of Training.</p> <p>SCG [redacted] Pls. see attached Record of Training.</p> <p>In the future, every new SCG will be properly trained by PCG to give prescribed medication to residents and properly record them before providing care to residents.</p>	<p>3/22/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be</p>	<p>Pre-admission check list per DOH &amp; DHCA will be utilized at all times for every future possible admission</p>	<p>3/22/16</p>

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	<p>obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident [redacted] admitted [redacted], physician signed level of care assessment [redacted].</p>	<p>In the future, a copy of Pre Admission Checklist will be provided to family or hospital discharge coordinator for completion as required by licensing department. NO admission will be done until required LEVEL OF CARE documentation was assessed + signed by the resident's physician on or before the day of admission.</p>	<p>3/21/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><u>FINDINGS</u> Resident [redacted] disaster plan indicates residents will live at [redacted] if the care home is not habitable. Care home has no agreement [redacted] for residents to live at [redacted] if the care home is not habitable.</p>	<p>Carehome Disaster Plan revised [redacted] which includes evacuation, emergency shelters, &amp; food supply. In an Emergency or in case of disaster where carehome is not habitable, residents will be transported into the nearest hotel and will stay there until said carehome is habitable again. airport Honolulu Hotel was called to verify availability of rooms for residents in case of emergency. Limit 4 persons / room. (Pls. see attached)</p>	<p>3/21/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination</p>	<p>In the future, a copy of pre admission checklist will be provided to family to have all these requirements completed before placing resident into a carehome if said resident is to be admitted</p>	<p>3/21/16</p>

- over pls -

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>for tuberculosis shall follow current departmental policies;</p> <p><b>FINDINGS</b> Resident [redacted] tuberculosis clearance obtained [redacted], resident admitted [redacted].</p>	<p>from home. NO admission will take place until required TB clearance obtained on or before the day of admission. [redacted]</p>	<p>3/21/14</p>
<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><b>FINDINGS</b> Resident [redacted] Physical examination obtained [redacted], resident admitted [redacted].</p>	<p>In the future, a copy of pre-admission checklist will be provided to family to have all these requirement completed before placing resident into a care home if resident is to be admitted from home. NO admission will take place until required PHYSICAL EXAMINATION documentation was assessed &amp; signed by resident's physician on or before the day of admission.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b> Resident [redacted] emergency information sheet not maintained. [redacted]</p>	<p>In the future, All Residents' emergency information sheet will be updated &amp; every change in condition including medication.</p> <p>Resident [redacted] - Emergency information sheet updated. All prescribed &amp; current medications listed as ordered by the physician and made readily available as needed.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the</p>	<p>In the future ONLY black ink pen will be used in all entries in residents' record as a general rule regarding record.</p>	

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	<p>individual making the entry;</p> <p><b>FINDINGS</b> Resident ██████ progress note written in blue ink.</p>	<p>All other inks will be put away to prevent similar mistake from recurring.</p>	<p>3/27/16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b>FINDINGS</b> Resident ██████ weight loss no documentation reported to physician ██████</p>	<p>In the future, residents' records (Chart) will be made readily available for proper &amp; timely documentation &amp; recording when weighing residents. Upon weighing a resident and after documenting the result &amp; significant wt. loss to report to physician as soon as possible and document time &amp; date of the report. A separate sheet created - A monthly weight calendar sheet where to document weight, significant change, date/time when MD was notified.</p>	
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident ██████ physician certification of self-preservation</p>	<p>In the future, a copy of pre-admission checklist will be provided to family to have all the require ments completed before placing resident into a carehome if said resident is to be admitted from home. NO admission will take place until required certification of SELF Preservation documentation was assessed &amp; signed by resident's physician on or before the day of admission.</p>	<p>3/27/16</p>

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	obtained [redacted], resident admitted [redacted].		3/27/16
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><b>FINDINGS</b>            Resident [redacted] No documentation that case manager reviewed the care plan [redacted].</p>	<p>In the future, PCG + SCG will notify case management agency to a phone call reminder of due monthly visit.</p> <p>A calendar was created as a reminder for CMA's due monthly visit. PCG or SCG will call CMA at least 3 days prior to due home visit. PCG or SCG will follow up CMA visit to ensure documentation + care plan review.</p>	

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

3/27/16