

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Rafael Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 98-1713 Laauhuahua Way, Pearl City, Hawaii 96782	<b>Inspection Date: September 15, 2017 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

RECEIVED  
17 OCT -3 07:49  
HAWAIIAN LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 per progress notes resident was found with skin tears to arms on 4/21/17 and again on 8/12/17. No incident reports were generated for the two incidents.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">17 OCT -3 17:49</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 per progress notes resident was found with skin tears to arms on 4/21/17 and again on 8/12/17. No incident reports were generated for the two incidents.</p>	<p style="text-align: center;"><b>PART 2</b>  <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future, I will make sure that my caregivers and myself will be aware of any unusual incident for our residents and document separately in the incident report form. to remind myself and my caregivers I will put an incident report form in each residents binder. PCG.</i></p>	<p style="text-align: center; vertical-align: top;">09/30/17</p> <p style="text-align: right; vertical-align: bottom;">17 OCT -3 17:49</p>

Licensee's/Administrator's Signature: Marlene Rafael

Print Name: MARLENE RAFAEL

Date: 09/30/17

RECEIVED

17 OCT -3 A7:49

DEPT OF HEALTH  
DIVISION OF LICENSING