

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rainbow Adult Residential Care Home/Expanded ARCH	CHAPTER 100.1
Address: 95-195 Aumea Loop, Mililani, Hawaii 96789	Inspection Date: December 22, 2017 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.

	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 – Medication orders not reevaluated and signed by the physician for five (5) months, from 3/23/2017 to 8/23/2017.</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;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (g)</u> 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 – Medication orders not reevaluated and signed by the physician for five (5) months, from 3/23/2017 to 8/23/2017.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Page (2)</p> <p>A monthly review of the dates on residents' medical reevaluations. Medication Reevaluation Tracking Log implemented to prevent recurrence of lapsing the four month reevaluation of medication requirement. As soon as the medication/s of the resident has been evaluated the entry will be made on the Tracking Log wherein the following entries will be made: Name, Date medication last evaluated, Date of Fourth Month of medication Evaluation, Date of appointment for medical reevaluation, Date called to confirm medication reevaluation appointment. Most of Physician or APRN offices only accept one month advance appointment (according to Kaiser Clinic Front Desk), with the help of the Medication Reevaluation Tracking Log, medication reevaluation appointment will be made one month in advance prior to expiration of required medication reevaluation.</p>	

Licensee's/Administrator's Signature: Debbie B. Borgonia

Print Name: DEBBIE B. BORGONIA

Date: 12/28/2017

Licensee's/Administrator's Signature: Debbie B. Borgia

Print Name: DEBBIE B. BORGONIA

Date: 3/8/18