

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rabaino's	CHAPTER 100.1
Address: 328 Hie Street, Kapaa, Hawaii, 96746	Inspection Date: February 21, 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>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident dining area, no menu posted in a conspicuous place.</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><i>Menu was posted in front of the refrigerator not in a conspicuous place. Now Menu is posted on the wall by the dining area, a conspicuous place.</i></p>	<p><i>2/21/2017</i></p> <p><i>Jalain Palsin</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident dining area, no menu posted in a conspicuous place.</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><i>I, CTO, will be responsible in posting the cycle menu in a conspicuous place. I will have my lead CNA double check at the beginning of the month if the menu is posted in a conspicuous place. Reminder will be written on the calendar</i></p>	<p style="text-align: right;"><i>May 17, 2018</i> <i>Jalari Palmer</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1, order dated 04/01/16 reads, "Ensure, Ensure Plus or other brand <u>once daily.</u>" Medication administration record (MAR) reads, "Ensure, Ensure Plus or other brand." <u>No frequency for administration</u> recorded in the MAR.</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><i>A Telephone order was taken to clarify order: Ensure, Ensure plus, or other brand of liquid nutritional supplement 1 bottle once daily</i></p>	<p style="text-align: center;"><i>2/21/17</i></p> <p style="text-align: right;"><i>Jalmin Palomin</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<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: 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 for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1, admitted 11/02/16. A single tuberculosis skin test (TST) was read on 11/9/16, after admission. No evidence of a two (2) step TST available.</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;"><i>2 step PPD was done on 01/24/17 @ mm 01/31/17 @ mm</i></p> <p style="text-align: center;"><i>Resident # 1 was re-admitted to the care home</i></p> <p style="text-align: center;"><i>Record transferred to the new chart</i></p>	<p style="text-align: center;"><i>11/15/17</i></p> <p style="text-align: right;"><i>Jacques Palacios</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, monthly progress notes reflect that the resident's appetite is good to excellent. However, no documentation in the progress notes for the <u>specific supplement</u> offered to the resident or the resident's response to this supplement.</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><i>In the future I will chart also in the progress notes and document about the effect of the ensure or any other supplement that is being given to the resident. I will make sure that it will be documented daily in the progress notes.</i></p>	<p style="text-align: center;">11/15/17</p> <p style="text-align: right;"><i>Jalisco Patrin</i></p>

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Licensee's/Administrator's Signature: Lorraine Rabaino

Print Name: LALAINÉ RABAINO

Date: 11/15/17

Licensee's/Administrator's Signature: Lorraine Rabaino

Print Name: LALAINÉ RABAINO

Date: May 17, 2018