

## 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: January 12, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b>FINDINGS</b> Resident #1, admitted on 01/22/15, no possession inventory.</p>	<p>Inventory of belongings Completed on 01/13/2015. In the future to prevent a similar deficiency from re-occurring, inventory of belongings included on admission checklist. CHU or RN to check admission checklist at least five days after admission if completed or not. If not, CHU or RN to complete checklist.</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><b>FINDINGS</b> No emergency supply of water as directed by civil service.</p>	<p>Two cases of bottled water bought on 01/15/15. In the future to prevent similar deficiency from recurring, PCG to check food supply as directed by the civil defense at least monthly.</p>	01/15/15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b>FINDINGS</b> First aid kit, contained "Benadryl Ointment," "Skin Prep Wipes," "Triple Antibiotic Ointment" and "Moisture Barrier Anti-Fungal Cream."</p>	<p>"Benadryl Ointment" "Skin prep wipes" "Triple Antibiotic" ointment, Moisture Barrier Anti Fungal Cream," removed from the Firstaid Kit for emergency use on 01/13/15. New First aid kit prepared on 01/15/15 which contain the following: bandage, sterile gauze 2", sterile gauze pad 5", triangular bandage, adhesive tape, scissors,</p>	<p>01/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (f) A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p><b>FINDINGS</b> Fifteen (15) hours between the earliest reported dinner (5:00 p.m.) and latest reported breakfast (8:00 a.m.)</p>	<p>assorted safety pins, tweezers, thermometer, flashlight, vinyl gloves. In the future to prevent similar deficiency from recurring, PCG to check first aid kit at least every 3 months.</p> <p>Late entry charting done on 01/13/15 documenting that resident refused to get up at 7:00 AM for breakfast. In the future to prevent similar deficiency from recurring, caregiver to chart immediately which resident refused to eat meals as schedule</p>	<p>01/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b> Bedroom #3, medication in a basket on a bedside stand, unsecured. "Clotrimazole &amp; Betamethasone Cream" and "Dipropionate Cream USP 1% 0.05%-15 gm".</p>	<p>"Clotrimazole &amp; Betamethasone Cream" &amp; "Dipropionate Cream USP 1% 0.05%-15 gm" removed from bedroom #3 bedside stand on 01/13/15 In the future to prevent similar deficiency from recurring, caregiver to check immediately what resident's family members are leaving, giving to residents.</p>	<p>01/15/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b>FINDINGS</b>            Resident refrigerator, unsecured medications.</p>	<p>A locked container was bought on 01/15/15. Medications that require storage in a refrigerator are kept in the locked container. In the future, to prevent similar deficiency from recurring, P.C.G. to check <sup>m.</sup> refrigerator at least weekly.</p>	<p>01/15/15</p>
☒	<p>§11-100.1-15 <u>Medications.</u> (e)            All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b>            This is a repeat citation (2014.) Resident #1, physician order dated 12/05/14 read, "Prednisone 10mg i QD po." However, pharmacy labeled bottled dispensed on 12/01/14 empty on date of inspection, 01/12/15.</p>	<p>Prednisone 10mg i P.C. GD called in 01/13/15 refill on 01/13/15 &amp; picked-up on 01/13/15. In the future, to prevent similar deficiency from recurring, P.C.G. to phone in refill for any medication when there are at least 5 medications left.</p>	<p>01/13/15</p>
☒	<p>§11-100.1-15 <u>Medications.</u> (l)            There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b>FINDINGS</b>            Expired medication as follows:            1. "Benadryl Ointment" on 8/2007;            2. "Clotrimazole &amp; Betamethasone Cream" on 6/2008;            3. "Skin Prep Wipes" on 5/2014.</p>	<p>Expired medications were discarded on 01/13/15. on 01/13/15. In the future, to prevent similar deficiency from recurring, P.C.G. to check medication box at least every 3 months and discard expired medications immediately.</p>	<p>01/13/15</p>
☒	<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</p>		

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	<ul style="list-style-type: none"> <li>• Verbal cues provided during lunch over a 60 minute period resulting in resident; eating 50% of the allotted meal portion</li> <li>• Resident transfer from sitting on the sofa to standing at the walker required caregiver to lift resident from under both armpits; and</li> <li>• During ambulation, care giver provided physical support by holding the resident's waistband during the walk from the sofa to toilet.</li> </ul> <p>For Resident #1, <u>submit an updated level of care assessment and self preservation certification</u> with the plan of correction.</p>	<p>⑥ Either CTO or RN to continue observing and documenting daily on the progress notes regarding resident's significant change until resolved. Notify per if needed. Notify family or responsible person daily if needed. Make a doctor's appointment to update level of care assessment and self-preservation certificate if needed.</p>	

Licensee's/Administrator's Signature: Jelaine Robinson

Print Name: LALAINÉ RAIBAINO

Date: July 31, 2018

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Licensee's/Administrator's Signature: Jalaine Rabaino

Print Name: LALAINÉ RABAINO

Date: 8/24/16

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Licensee's/Administrator's Signature: Jalaine Rabaino

Print Name: LALAINÉ RABAINO

Date: 9/30/16

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