

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 13, 2018 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>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b>FINDINGS</b>  Resident #1, no written agreement completed at the time of admission (7/28/17) between primary care giver and resident family describing services which will be provided.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Signed written agreement, 2/15/18,  From family received on 2/23/18.  The deficiency was corrected by:</p> <p>February 13, 2018 sent agreement form to family thru UPS (one day service with receipt.) Called family to please sign agreement form and send back to care home.  February 15, 2018 called family to follow-up family signed agreement form &amp; will send back to care home.  February 23, 2018 received signed agreement form.</p>	<p style="text-align: right;">10/8/18  <i>Jennifera</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b>FINDINGS</b>  Resident #1, no written agreement completed at the time of admission (7/28/17) between primary care giver and resident family describing services which will be provided.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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> <hr/> <p><i>In the future, to prevent the deficiency in recurring, effective immediately, CTO shall not admit a resident without completed signed admission papers. If family, responsible person is off Island, CTO to send the forms as soon as knowing the date of admission. On the cover letter, CTO to inform family, responsible person the specific date when to return the forms (at least 5 days before admission.) If not received, resident will not be admitted.</i></p>	<p style="text-align: right;"><i>2/15/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> Resident #1, no notation in progress notes reflecting visits; i.e., physician office visits made on 9/25/17, 10/10/17, 10/30/17, 11/27/17 and 01/18/18.</p>	<p style="text-align: center;"><b>PART 1</b></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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> Resident #1, no notation in progress notes reflecting visits; i.e., physician office visits made on 9/25/17, 10/10/17, 10/30/17, 11/27/17 and 01/18/18.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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><i>In the future, to prevent the deficiency in recurring, effective immediately, as soon as resident returned to the Care Home, CHO to document right away in respective resident's chart the doctor's visit</i></p>	<p style="text-align: right;"><i>2/15/18</i></p>

Licensee's/Administrator's Signature: *Lorraine Rabaino*

Print Name: LALAINÉ RABAINO

Date: 2/27/2018

Licensee's/Administrator's Signature: *Lorraine Rabaino*

Print Name: LALAINÉ RABAINO

Date: 10/8/18