

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	Annual Inspection: February 24, 2021

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 APR -5 P 4:08

	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>FINDINGS Resident #1, no evidence of an inventory update since 2019.</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>Inventory of all personal items updated by PCG on 2/25/2021</i></p> <p style="text-align: right;">STATE OF HAWAII DHQ-DHCA STATE LICENSING</p>	<p style="text-align: center;"><i>2/25/2021</i></p> <p style="text-align: center;">21 APR -5 P 4 08</p>

	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><u>FINDINGS</u> Resident #1, no evidence of an inventory update since 2019.</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>① PCG trained all SCG on 2/25/21 to update resident's clothing/valuables sheet whenever family brings any new personal item for residents.</p> <p>② PCG to check sheet at least ^{Annually}</p> <p>③ PCG to make a Calendar when to update the sheet and cross out when completed</p> <p>④ SCG, RN to double check that it's completed.</p>	<p style="text-align: right;">2/25/21</p> <p style="text-align: right;">21 APR -5 P 4:08</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p>FINDINGS Substitute Care Giver (SCG) #1, not able to use a no-touch forehead and ear thermometer. I.e., More than ten attempts to check a resident's temperature. Unsure of self as reading 93.9° and "low" readings, .PCG used a digital thermometer.</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>PCG trained all SCG on how to use a no touch forehead & ear thermometer as well on how to use a digital thermometer on 3/1/2021 with return demonstration</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;"><i>3/1/2021</i></p> <p style="text-align: right; font-size: small;">21 APR -5 P 4 08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1, not able to use a no-touch forehead and ear thermometer. I.e., More than ten attempts to check a resident's temperature. Unsure of self as reading 93.9° and "low" readings, .PCG used a digital thermometer.</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>SCG to take resident's temperature at least every month with PCG's assistance until SCG will be able to do it on her own.</i></p> <p><i>During this Covid-19 pandemic PCG reviewed with all SCG's on 3/27/2021 how to screen all visitors to the home - take the temperature and wear mask; observe 6 ft social distancing; sanitize hands</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p><i>3/1/2021</i></p> <p><i>3/27/2021</i></p> <p style="text-align: center;">21 APR -5 P 4:08</p>

	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> No menu posted in the kitchen or the resident dining area. PCG explained that the Registered Dietician is laminating the new cycle menu.</p> <p>Corrected on site - PCG posted "draft" menus</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>21 APR -5 P 4:08</p>

	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> No menu posted in the kitchen or the resident dining area. PCG explained that the Registered Dietician is laminating the new cycle menu.</p> <p>Corrected on site - PCG posted "draft" menus</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>① PCG trained all SCG's that menu needs to be posted in the kitchen and the resident dining area</p> <p>② SCG to post the menu for that cycle week in the kitchen & the resident dining area at the beginning of the week (Sunday)</p> <p>③ PCG to double check Sunday morning that it's posted</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">2/25/2021</p> <p style="text-align: right;">21 APR -5 P 4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1, unknown person changed pharmacy labeled "Centrum" expiration from 8/2021 to 7/2021. PCG reports transferring tablets from a large container to a smaller one.</p>	<p style="text-align: center;">PART 1</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> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">21 APR -5 P 4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1, unknown person changed pharmacy labeled "Centrum" expiration from 8/2021 to 7/2021. PCG reports transferring tablets from a large container to a smaller one.</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>① PCG trained all SCG on 3/1/2021 to check pharmacy label that it's on original labeled container when administering medications & to notify PCG immediately if it's not on the original labeled container.</p> <p>② PCG to check medication labels at the end of the month.</p> <p>③ SCG, RN to double check medication labels at the beginning of the month.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">3/1/2021</p> <p style="text-align: right;">21 APR -5 P 4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1, schedule of activities (12/12/18,) updated on 8/1/20. Yet no evidence of resident's interests, needs, and capabilities. Schedule reads, bathing from 8-9 a.m. followed by TV watching. However, resident in bed until mealtime.</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>PCG updated resident's schedule of activities on 2/25/21. PCG spoke to all the SCG's about resident's present; needs, and capabilities.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;"><i>2/25/21</i></p> <p style="text-align: center;">21 APR -5 P 4 08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS Resident #1, schedule of activities (12/12/18,) updated on 8/1/20. Yet no evidence of resident's interests, needs, and capabilities. Schedule reads, bathing from 8-9 a.m. followed by TV watching. However, resident in bed until mealtime.</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>① PCG to update resident's schedule of activities immediately once there's a change of resident's condition</p> <p>② PCG to check and update resident's schedule of activities at least yearly. Make a calendar when to update it. Cross out when completed.</p> <p>③ SCG RN to double check that it's completed</p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p>	<p style="text-align: center;">2/25/21</p> <p style="text-align: center;">21 APR -5 P 4:08</p>

	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>FINDINGS Resident #1, no evidence of monthly progress reports for December 2020 and January 2021.</p>	<p style="text-align: center;">PART 1</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> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">21 APR -5 P 4 08</p>

	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>FINDINGS Resident #1, no evidence of monthly progress reports for December 2020 and January 2021.</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>① PCG to make a calendar when to complete monthly progress notes reports. Cross out when completed.</p> <p>② SCG RN to double check every first week of the month that it's completed.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">3/1/2021</p> <p style="text-align: center;">21 APR -5 P 4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1, no evidence in progress notes for dates of a flu vaccine and initial Shingles vaccine. PCG not aware of need for a second Shingles vaccine in two to six months. Second shingles vaccine is due any time from February- June 2021.</p>	<p style="text-align: center;">PART 1</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> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">21 APR -5 P 4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, no evidence in progress notes for dates of a flu vaccine and initial Shingles vaccine. PCG not aware of need for a second Shingles vaccine in two to six months. Second shingles vaccine is due any time from February- June 2021.</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>① Right after doctor's appt. PCG to document in the progress notes the outcome of the visit, if vaccine given</p> <p>② To have a clearer view of vaccinations received by residents & if needs to have a second dose. Resident Vaccine Record (ANCH IR 39) will be used.</p> <p>③ PCG to mark on calendar when a second dose will be given, cross out when appointment made and mark on the calendar date to be given</p> <p>④ SCG RN to double check that completed</p>	<p>9/15/21</p> <p style="text-align: right;">21. APR -5 P 4:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident #1, Emergency form is outdated. No evidence of Resident's need for a wheelchair.</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>PCG updated the resident Emergency information Form on 2/15/21. Wheelchair added on the mobility section of the Form.</i></p>	<p style="text-align: center;"><i>2/15/21</i></p> <p style="text-align: center;">21 APR -5 P 4 09</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident 31, Emergency form is outdated. No evidence of Resident's need for a wheelchair.</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>① PCG to check the resident Emergency 2/15/2021 Information Form at least quarterly & update as needed, i.e., changes in Family contact numbers or medical providers; names diet changes, etc. Date it when update done.</p> <p>② PCG to work on the calendar when to check the form. Cross out when done</p> <p>③ SCG RN to double check that it's completed</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">21 APR -5 P 4:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(B) Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><u>FINDINGS</u> Bedroom #xxx, one (1) foot of space between twin beds.</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>Beds re-arranged on 2/15/2021 to have at least three feet apart between the two beds</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>2/25/2021</i></p> <p style="text-align: right;">21 APR -5 P 4 09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(B) Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><u>FINDINGS</u> Bedroom #xxx, one (1) foot of space between twin beds.</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>① Beds will not be rearranged even if it's the resident's choice.</p> <p>② PCG to explain to resident & family about the regulation that beds shall be placed at least three feet apart in multiple occupant bedrooms.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>2/25/2021</i></p> <p style="text-align: right;">21 APR -5 P 4:09</p>

Licensee's/Administrator's Signature: Lorraine Raboin

Print Name: LORRAINE RABOIN

Date: 3/30/2021

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

21 APR -5 P4:09