

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RNF Rainbow Adult Residential Care Home LLC	CHAPTER 100.1
Address: 94-1178 Hoomakoa Street, Waipahu, Hawaii 96797	Inspection Date: February 4, 2021 Initial

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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING  
 DOH-OHCA  
 STATE OF HAWAII

21 APR 13 AM 12:06

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.  <b>FINDINGS</b> Resident #1 - No documentation that the resident and the resident's family was informed of all facility policies and procedures.	<p style="text-align: center;">PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by informing the resident resident's family of my facility policies and procedures. I have a signed copy of the policies and procedures that were given to them.</p>	2/4/21

STATE OF HAWAII  
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.  <b>FINDINGS</b> Resident #1 - No documentation that the resident and the resident's family was informed of all facility policies and procedures.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will use the Arch Resident Admission check-list to make sure I have all documents completed at the time of admission.</p>	<p style="text-align: center;">7/13/21</p>

STATE LICENSING  
 DOH-DHCA  
 STATE OF HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.  <b>FINDINGS</b> Resident #1 - No physician order for "Ensure" nutritional supplement taken twice daily.	<p style="text-align: center;"><b>PART 1</b></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>I corrected this deficiency by obtaining a physician order for my resident's nutritional supplement. I have placed the order in my resident's chart for review by The Department upon request.</p>	2/4/21

STATE OF HAWAII  
DOH-HPCA  
STATE LICENSING

21 APR 13 AM 06:12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.  <b>FINDINGS</b> Resident #1 - No physician order for "Ensure" nutritional supplement taken twice daily.	<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 style="text-align: center;"><i>When the family bring ensure and wants to give to the Residents I'm gonna call the Doctor to get order for the ensure before i <del>with</del> give to the Residents</i></p>	<p style="text-align: center;">7/19/21</p>

BNSNSJ7 E1V1S  
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STATE OF HAWAII  
STATE LICENSING

5224 JUL 13 11 12 AM '21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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.  <b>FINDINGS</b> Medication cabinet was unlocked.	<p style="text-align: center;"><b>PART I</b></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>I corrected this deficiency by purchasing and installing a lock on the medication cabinet. I locked the medication cabinet immediately after use.</p>	<p style="text-align: center;">2/4/21</p>

STATE LICENSING  
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 DIVISION  
 STATE OF HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (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.  <u>FINDINGS</u> Medication cabinet was unlocked.	<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 had a meeting with all my caregivers about locking my medication cabinet after giving medication, I put a sign to remind the caregivers to lock the medication cabinet after giving medication, I will check to make sure the medication cabinet is locked after they giving medication.</p>	<p style="text-align: right;">7/13/21</p>

STATE LICENSING  
 BOARD  
 STATE OF HAWAII

JUL 13 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications; (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - No physician order for "calcium 1200 mg + 25 mcg vitamin D3" taken by the resident.  No physician order for "Clearlax" taken by the resident.	<p style="text-align: center;"><b>PART 1</b></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>I corrected this deficiency by obtaining a physician order for my resident's medication immediately. I have placed a copy of the physician order in my resident's chart for review by the Department.</p>	<p style="text-align: center;">2/4/21</p>

STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 STATE LICENSING

APR 13 12:06 PM '06



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - No physician order for "calcium 1200 mg -- 25 mcg vitamin D3" taken by the resident.  No physician order for "Clearfax" taken by the resident.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure that this doesn't happen again, I shall review my resident's medications and review that there are physician orders for all medications and any changes to their medications. I shall obtain the physician orders immediately and place them in the resident's chart for review by the Department.</p>	<p style="text-align: center;">2/4/21</p>

STATE OF HAWAII  
 DGH-OHCA  
 STATE LICENSING

APR 13 11:06 AM '21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - "Lactulose 10 gm/15 ml Take 15 ml by mouth daily" and "Centrum chewable MV 1 tablet by mouth daily" ordered 12/4/20 were not made available as ordered.	<p style="text-align: center;"><b>PART I</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency ensuring that my medication administration record is current and up to date. I corrected this also, by obtaining a physician order to refill and discontinue the medication as appropriate per physician order. I have placed the orders in the resident's chart for review.</p>	<p style="text-align: center;">2/4/21</p>

STATE OF HAWAII  
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STATE LICENSING

90: 11 APR 13 AM 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - "Lactulose 10 gm/15 ml Take 15 ml by mouth daily" and "Centrum chewable MV 1 tablet by mouth daily" ordered 12/4/20 were not made available as ordered.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When the family brings medications that is not ordered by the doctor, I will call the doctor to inform him &amp; get a telephone order for the medication. If the family does not bring the medication ordered by the doctor I will call the doctor to inform him.</p>	<p style="text-align: center;">7/13/21</p>

STATE OF HAWAII  
 BOH-CHICA  
 STATE LICENSING

92:2d E1 TP 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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 initiated by the care giver.  <b>FINDINGS</b> Resident #1 - "Calcium 1200 mg + 25 mcg vitamin D3" and "Clearax" taken by the resident was not recorded on the medication record.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">2/4/21</p>

STATE OF HAWAII  
 DON-OHCA  
 STATE LICENSING

9:11 AM APR 13 12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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 initiated by the care giver.  <b>FINDINGS</b> Resident #1 - "Calcium 1200 mg + 25 mcg vitamin D3" and "Clearlax" taken by the resident was not recorded on the medication record.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>When the family bring in Medication that is not ordered by the doctor. I will call the doctor for the order and record the Medication on the medication record.</i></p>	<p style="text-align: center;">7/13/21</p>

STATE LICENSING  
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 STATE OF HAWAII

92-24 E1 JPP 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include:  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:  <b>FINDINGS</b> Resident #1 - Progress notes did not include observations of the resident's tolerance to "regular diet chop small," "censure" nutritional supplement and the "right heel wound."	PART I  <p style="text-align: center;"><b>Correcting the deficiency            after-the-fact is not            practical/appropriate. For            this deficiency, only a future            plan is required.</b></p>	2/4/21

STATE OF HAWAII  
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 STATE LICENSING

9:11 AM 13 APR 12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include:  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;  <u>FINDINGS</u> Resident #1 - Progress notes did not include observations of the resident's tolerance to "regular diet chop small," "ensure" nutritional supplement and the "right heel wound."	PART 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  I will use a reminder list of the observations I need to write in a progress notes, for example, how to drafting diet, supplements, any wounds.	7/13/21

STATE LICENSING  
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 STATE OF HAWAII

92-24 E1 TOP 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered: <b>FINDINGS</b> Resident #1 - No documentation of treatment rendered to the "right heel ulcer three times a day;" ordered 12/4/20, which was changed to "once every other day" on 1/29/21. No documentation of "Ensure twice daily" taken by the resident.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

21 APR 13 AM 10:06



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports; (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <b>FINDINGS</b> Resident #1 - No documentation of treatment rendered to the "right heel ulcer three times a day," ordered 12/4/20, which was changed to "once every other day" on 1/29/21. No documentation of "Ensure twice daily" taken by the resident.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will document treatment on the medication record and also ensure the nutritional supplements on the medication records. I will initial when rendered / taken.</i></p>	<p style="text-align: center;">7/13/21</p>

STATE LICENSING  
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 STATE OF HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (f)(3) General rules regarding records:  An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;  <u>FINDINGS</u> Cabinet for resident records was unlocked.	<p style="text-align: center;">PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by applying a lock to the resident records cabinet.</p>	<p style="text-align: center;">2/4/21</p>

STATE OF HAWAII  
 DOR-ONCA  
 STATE LICENSING

90-111-13 APR 12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:  An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;  <b>FINDINGS</b> Cabinet for resident records was unlocked.	<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>To ensure that this doesn't happen again, I have posted a reminder on the cabinet "Keep Locked".</p>	<p style="text-align: center;">2/4/21</p>

STATE OF HAWAII  
 OCH-CHCA  
 STATE LICENSING

90-111 23 APR 12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (f)(3) General rules regarding records:  An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;  <u><b>FINDINGS</b></u> Cabinet for resident records was unlocked.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></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 style="text-align: center;"><i>To Ensure that it will not happen again, I will have meetings to all my caregivers to make sure cabinet for residents record is always locked, and make sure also, to put sign outside by the door "Please locked at all times".</i></p>	<p style="text-align: center;"><i>17/05/21</i></p>

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 DCH-CHCA  
 STATE OF HAWAII  
 LICENSING

17 JUN 82 JUN 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(3) General rules regarding records:  An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;  <b>FINDINGS</b> Cabinet for resident records was unlocked.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I had a meeting with all my caregivers about locking my cabinet with the resident records. I put up a sign to remind the caregivers to lock the cabinet. I will check the cabinet if its locked everytime I pass by.</p>	<p style="text-align: center;">7/13/21</p>

SENIORS STATE  
 DOH-DC  
 STATE OF HAWAII

92:24 13 JUN 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts: (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.  <b>FINDINGS</b> Resident #1 - No Financial Statement signed by the primary care giver and family.	<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 style="text-align: center;">To correct this deficiency, I have provided a financial statement to the resident's family and both the resident's family and myself have signed it. The signed Financial Statement is in the resident's chart and ready for review by the Department.</p>	<p style="text-align: center;">2/4/21</p>

LICENSING  
 DIVISION  
 OF HEALTH CARE  
 SERVICES  
 HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.  <b>FINDINGS</b> Resident #1 - No Financial Statement signed by the primary care giver and family.	<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 style="text-align: center;"><i>I will use the ARCH Resident Admission check list to make sure all the document completed at the time of admission.</i></p>	<p style="text-align: center;"><i>7/13/24</i></p>

DIVISION OF LICENSING  
 HEALTH CARE  
 STATE OF HAWAII

9274 E1 707 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities:  Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:  Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate.  <b>FINDINGS</b> Resident #1 - No documentation that the family was informed of related charges for services.	<p style="text-align: center;">PART 1</p> <p><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 style="text-align: center;">I have corrected this deficiency by having the policies regarding the rights and responsibilities reviewed with the resident and resident's family. A copy has been signed and is ready for review by the Department.</p>	<p style="text-align: center;">2/4/21</p>

STATE LICENSING  
 DOH-01CA  
 STATE OF HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities:  Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:  Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;  <b>FINDINGS</b> Resident #1 - No documentation that the family was informed of related charges for services.	<p style="text-align: center;">PART I</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 style="text-align: center;"><i>I corrected the deficiency by calling the family that there was a changes for the services, and also documents in my resident progress note what we agreed about.</i></p>	<p style="text-align: right;"><i>Tom</i> 6/25/19</p>

HAWAIIAN LICENSING  
 DIVISION  
 100 SOUTH KING STREET  
 HONOLULU, HAWAII 96813

17:14 82 NP 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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<p style="text-align: center;">GOVERNMENT STATE DOH-CHCA HAWAII STATE</p> <p style="text-align: center;">92-24 31 TOP 12.</p>		

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:  <b>FINDINGS</b> Resident #1 - No self-preservation certification.	<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 style="text-align: center;"><i>I corrected the deficiency by making an appointment to his primary doctor to obtain the self preservation for resident #1.</i></p>	<p style="text-align: right;"><i>6/25/21</i></p>

DEPARTMENT OF HEALTH  
 DIVISION OF LICENSING  
 STATE OF HAWAII

17. 11V 82 NMP 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: <u>FINDINGS</u> Resident #1 - No self-preservation certification.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  <i>To ensure that it doesn't happen. I will make sure to check my admission check list. For ARCH I, to make sure I got all the paper I needed prior to admit client.</i>	<i>From 6/25/14</i>

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DEPARTMENT OF  
CORRECTIONS  
STATE OF HAWAII

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3:  A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:  <b>FINDINGS</b> Resident #1 - No documentation that the registered nurse trained substitute care giver (SCG) #1 and SCG #2.	<p style="text-align: center;"><b>PART 1</b></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>To correct this deficiency, I have contacted my substitute caregivers and the registered nurse so that training can be completed. The nurse and substitute caregivers completed the training on 2/12/21. I have placed the documentation in the resident chart for review.</p>	<p style="text-align: center;">2/12/21</p>

STATE LICENSING  
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 STATE OF HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3:  A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:  <u>FINDINGS</u> Resident #1 - No documentation that the registered nurse trained substitute care giver (SCG) #1 and SCG #2.	PART 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  To ensure that this doesn't happen again, I shall notify my substitute caregivers to be present in the facility for training when the registered nurse is present for the admission and/or monthly visit.	2/4/21

STATE OF HAWAII  
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 STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects:  <b>FINDINGS</b> Resident #1 - No documentation of a comprehensive assessment by the registered nurse case manager.	<p style="text-align: center;"><b>PART I</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I corrected this deficiency by notifying my RN Case Manager. The RN Case Manager has provided a copy of the comprehensive assessment and is in the resident chart and ready for review by the Department.</p>	<p style="text-align: center;">2/4/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-88 Case management qualifications and services. (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;  <u>FINDINGS</u> Resident #1 - No documentation of a comprehensive assessment by the registered nurse case manager.	PART 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  I will use a case manager <del>matrix</del> check list to keep track for all documents I need from the case manager for the expanded Arch Resident.	7/13/24

HAWAII STATE LICENSING  
 BOARD  
 ARCH-100-100  
 HAWAII STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services; (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;  <u>FINDINGS</u> Resident #1 - The service plan did not address the right heel ulcer dressing changes "three times a day" that was changed to "once daily every other day" on 1/29/21.	<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>I corrected this deficiency by notifying my RN Case Manager for the need to update the service plan. I have placed the updated and correct service plan in my resident's chart for review by the Department.</p>	2/4/21

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services: (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;  <u>FINDINGS</u> Resident #1 - The service plan did not address the right heel ulcer dressing changes "three times a day" that was changed to "once daily every other day" on 1/29/21.	PART 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  To ensure that this doesn't happen again, I shall review my resident's service plan and notify my RN Case Manager when there are new updates, changes, etc. I shall provide an updated service plan in the resident chart for the Department to review.	2/4/21

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 STATE OF HAWAII

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Licensee's/Administrator's Signature:

*RBMS*

Print Name: Rosemary Cayabajab

Date: 4/12/21

Licensee's/Administrator's Signature:

*RBMS*

Print Name: Rosemary Cayabajab

Date: 6/25/21

Licensee's/Administrator's Signature:

*RBMS*

Print Name: Rosemary Cayabajab

Date: 7/13/21

12 APR 13 AM 10:47