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 25, 2022 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.

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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; FINDINGS No documented evidence of Fieldprint background check for adults over the age of 18 in care home.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Field print background Check has been scheduled for all individuals, household members, and caregivers over the age of 18. Will obtain on 3/1/2022, 3/2/2022 3/3/2022, 3/8/2022	2/25/32
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-3 Licensing. (b)(1)(I) Application.	PART 2	
In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; FINDINGS No documented evidence of Fieldprint background check for adults over the age of 18 in care home.	CHO to schedule reminden. I mill pat in Calendar to obtain Fielprint background check for the year 2023 and every other year there after.	2/25/22
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection.	PART 1	
Type I ARCHs shall be in compliance with, but not limited to, the following provisions:		
Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;		
FINDINGS Fire exit door blocked with chair and stationary bicycle. Fire exit cleared during inspection.		
	Correcting the deficiency after-the-fact is not	
	practical/appropriate. For this deficiency, only a future plan is required.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; FINDINGS Fire exit door blocked with chair and stationary bicycle. Fire exit cleared during inspection.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? CHO to make a sign 'DO NOT BLOCK FIRE EXIT' and post on the Fire Exit Door I will make a reminder in the Care Home Binder to keep Fire Exit Door clear at all times. All staff and my self will read and initial. I mill put a reminder for my self and staff 'KEEP FIRE EXITS CLEAK' on the fridge.	2/25/22
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Licensee's/Administrator's Signature: _	Jaloure Jalson
Print Name: _	LALAINE RABAINU
Date:	2/25/2022

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