

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: August 11, 2021 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING
 DIVISION
 STATE OF HAWAII

DEC 14 3 22 PM '21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Household member (HM) #1 - No physical examination prior to move into the ARCH. Submit a copy with the plan of correction (POC). STATE LICENSING ARCH-HQ STATE OF HAWAII	<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>I made an appointment with her Doctor to obtain Physical Examination done. P.E attached</i></p>	<p style="text-align: center;"><i>8/23/21</i></p>

OC: LW C2 GW 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Household member (HM) #1 - No physical examination prior to move into the ARCH. Submit a copy with the plan of correction (POC).	<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;">When the family member moves into the house suddenly I will bring her to Urgent care for her PE.</p>	<p style="text-align: center;">10/26/21</p>

RECEIVED
 DEPARTMENT OF CORRECTIONS
 STATE OF MARYLAND
 DIVISION OF INSTITUTIONS

21 OCT 26 P 1:47

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS HM #1 - No current tuberculosis (TB) clearance. Submit a copy with the POC.	<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 took House Hold Member to Lanakila to have TB clearance Attached result.</p>	<p style="text-align: center;">8/23/21</p>

STATE OF HAWAII
 HONOLULU
 STATE LICENSING

03:14 11 30
 02:14 02 23 12
 12

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> HM #1 - No current tuberculosis (TB) clearance. Submit a copy with the POC.	<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 Member moved into the house suddenly I will bring her to urgent care for her TB clearance.</p>	<p style="text-align: center;">10/26/21</p>

ENVOYING
 STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF TUBERCULOSIS
 STATE OF HAWAII

17-11 92 100 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (f) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #1 - No diet order at the time of admission (2/23/21). "Heart Healthy diet" ordered 3/12/21.	<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: center;">8/22/21</p>

STATE LICENSING
 DSH-CACA
 STATE OF HAWAII

13. 1W 23 9W 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. <u>FINDINGS</u> Resident #1 - No diet order at the time of admission (2/23/21). "Heart Healthy diet" ordered 3/12/21.	<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 will use the Arch Resident Admission check list to make sure all documents completed at the time of admission.</p>	<p style="text-align: center;">8/23/21</p>

DEPARTMENT OF HEALTH
 DIVISION OF LICENSING
 STATE OF HAWAII

13: 11W 23 9NW 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (f) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Primary care giver is not approved to provide special diets.	<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>I have successfully completed the OTHCA special diet class. I am now approved to provide special diets.</i></p>	<p style="text-align: center;"><i>10/26/21</i></p>

EMERGENCY STATE
LICENSING BOARD
1000-100
STATE OF MARYLAND
11/17/17 10:21 AM

47-1 P 1 OCT 26 P 1 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Primary care giver is not approved to provide special diets.	<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 have successfully completed the DHCA special diet class. I am now approved to provide special diets.</i></p>	<p style="text-align: center;"><i>10/26/21</i></p>

HONORABLE CLARENCE
 GOVERNOR
 STATE OF HAWAII

14: 14 92 130 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Toxic chemicals and cleaning agents were not secured in the laundry area and garage.	<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 secured the toxic chemicals and cleaning agents in the garage and laundry room. I instructed Family Members and SCG The cabinet and laundry room must always be locked. I will double check that the cabinet and laundry room is always lock. I also put a sign to keep the cabinet and laundry room locked.</p>	<p style="text-align: right;">10/26/21</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

OCT 26 12:14 PM '21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> Toxic chemicals and cleaning agents were not secured in the laundry area and garage.	<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 and house hold members about securing all Toxic chemicals and cleaning Agents will be keeping all inside the cabinet by the Garage area and lock at all time. I will make sure to check everytime I pass by.</p>	<p style="text-align: right;">8/23/21</p>

STATE OF HAWAII
 DOH-CHCA
 STATE LICENSING

13 1W 23 12
 AUG 23 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.	<p style="text-align: center;">PART I</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 revised the medication records with ^{the} actual time the Pantoprazole is taken. The medication is taken at 6:30 AM 30 minutes before breakfast which is 7:00 AM.</p>	<p>10/26/21</p>

ONSEVENTH STAYS
 1100-1100
 1100-1100 STAYS

L7: 14 92 130 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. FINDINGS Resident #1 - "Pantoprazole (Protonix) 40 mg Take 1 tablet by mouth every morning 30 minutes before a meal" ordered 2/23/21, 3/12/21 and 6/29/21. The medication record noted that the medication is taken at 7 a.m. Breakfast is at 7 a.m.	<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 read the doctors order carefully if the order said 30 minutes before the meal I will record the time correctly on the medication record.</p>	<p style="text-align: right;">10/26/21</p>

SHREVEPORT STATE
 POLICE DEPARTMENT
 INVESTIGATIVE DIVISION

LA 10 92 130 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 - No current TB clearance. Submit a copy with the POC.	<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>I made an appointment to Kaiser hospital to secured TB clearance for the Resident TB done. Copy attached.</i></p>	<p>8/23/21</p>

STATE OF HAWAII
 DON-ONGA
 STATE LICENSING

13:1W 22:30W 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS <u>Resident #1 - No current TB clearance. Submit a copy with the POC.</u>	<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 make sure to use the Arch Resident admission checklist to ensure that i got all completed documents prior to admission,</p>	<p style="text-align: center;">8/23/21</p>

STATE OF HAWAII
 DON-CHIKA
 STATE LICENSING

13:1W 6290W 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; FINDINGS Resident #1 - No documentation that a "Heart Healthy diet," ordered 3/12/21, has been provided.	<p style="text-align: center;">PART I</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: center;">8/23/21</p>

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

13:14 23 JUN 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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GOVERNMENT 30-115
 7/20/2019
 11/24/2019 09:51:15

47:14 97.130 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. FINDINGS Resident #1 - Incident reports were not made for the following: <ul style="list-style-type: none"> • 3/15/21 - Toe injury resulting in x-ray and antibiotics. • 3/17/21 - Nose bleed for which the resident was taken to the emergency room for treatment. 	<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: center;">8/23/21</p>

HONOLULU
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING
 STATE OF HAWAII

13 IV 23 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. FINDINGS Resident #1 - Incident reports were not made for the following: <ul style="list-style-type: none"> • 3/15/21 - Toe injury resulting in x-ray and antibiotics. • 3/17/21 - Nose bleed for which the resident was taken to the emergency room for treatment. 	<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>For any Unusual incident resulting in bodily injury or need for treatment I will write an incident report.</i></p>	<p style="text-align: center;">10/26/21</p>
<p style="text-align: center;">DOROTHY JONES 2025-11-18 11:40 AM EST</p> <p style="text-align: center;">27:14 92:130 12.</p>		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; FINDINGS Medication records did not have a legend for care giver initials.	<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>Primary care giver added a legend in the Medication log For my substitute care giver initials.</i></p> <p style="text-align: center;"><i>See attached sample.</i></p>	<p style="text-align: center;"><i>8/23/21</i></p>

STATE OF HAWAII
 DOI-ONCA
 STATE LICENSING

A11 31
 AUG 23 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; <u>FINDINGS</u> Medication records did not have a legend for care giver initials.	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 create a master legend for the SCES and put the legend in each binder of resident.	10/26/21
STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF REGISTRATION	LEAD 92130 LZ.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. <u>FINDINGS</u> Resident #1 - No documentation that substitute care givers were trained to perform blood sugar checks, interventions for hypoglycemia and hyperglycemia.	<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 Trained my SCGs to perform blood sugar checks and for interventions for hypoglycemia and hyperglycemia.</p>	<p style="text-align: center;">10/26/21</p>

ONONDAGA STATE
 UNIVERSITY
 HEALTH CARE SERVICES
 1150 STATE ST
 SYRACUSE, NY 13210

12. 130 92 14 14

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #1 - No documentation that substitute care givers were trained to perform blood sugar checks, interventions for hypoglycemia and hyperglycemia.	<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 used a training sheet to document the training sheets when I train the SCS I will keep the training sheet in the ARCH binder.</p>	<p style="text-align: right;">10/24/21</p>

ONSEPT 7 2011
 11:59 AM
 11/11/11

89: 1d 92 100 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; FINDINGS Resident #1 - Rates were not specified on the general operational policy.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>Resident Legal guardian and Primary care giver had a meeting regarding Un-Finished Documents Rates to the General Operational Policy. during The meeting discuss about Rate, Family agreed the approved amount and was written in my Policy.</i>	8/23/21

STATE LICENSING
 DON-CHICA
 STATE OF HAWAII

26-114 62 911 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; <u>FINDINGS</u> Resident #1 - Rates were not specified on the general operational policy.	PLAN OF CORRECTION 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 used the ARCH Resident Admission check list with a reminder that the rate needs to be specified in the general Operational policy.	10/26/21

DISCOUNT SERVICES
 1000 W. 10TH ST
 SUITE 200
 DENVER, CO 80202

89: 1d 92 J00 1Z.

Licensee's/Administrator's Signature:

Rosemary Cayabyab

Print Name:

Rosemary Cayabyab

Date:

8/23/21

Licensee's/Administrator's Signature:

Rosemary Cayabyab

Print Name:

Rosemary Cayabyab

Date:

10-26-21

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

21 AUG 23 AM 11:32