

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rafael Care Home	CHAPTER 100.1
Address: 98-1713 Laauhuahua Way, Pearl City, Hawaii, 96782	Inspection Date: September 29, 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.**

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LICENSING  
PI2:01  
NOV 12 2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Household member #1 – No initial/2 step tuberculosis clearance on file.</p>	<p>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>Correction was made by going back to the Doctor's office and getting 2 step Tuberculosis Clearance. Doc and paper work signed by Physician.</i></p>	<p>10/24/22</p> <p>22 NOV 16 P12:01</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§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.</p> <p><b><u>FINDINGS</u></b> Household member #1 – No initial/2 step tuberculosis clearance on file.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future i will double check and make sure that all adults 18 years old and over in the house had their 2 step tuberculosis clearance if negative, initially, at all times. I will up date my check list by adding TB clearance requirements.</p>	<p>10/24/22</p> <p>STATE OF HAWAII DOH-OPCA STATE RECORDING 22 NOV 16 PM 2:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Most recent diet order dated 8/16/22 was "Regular Pureed with thin liquids." Lunch meal consisted of turkey sandwich and was not pureed separately.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p>	<p>22 NOV 16 P12:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a)            The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u>            Resident #2 – Most recent diet order dated 8/16/22 was "Regular Pureed with thin liquids." Lunch meal consisted of turkey sandwich and was not pureed separately.</p>	<p>PART 2</p> <p><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>Going forward all food items will be pureed separately. all caregivers will be trained by me to puree the food separately. I will double check daily to make sure the meals visually appealing. Brenda OK per DOH direction</p>	<p>10/19/22</p> <p>22 NOV 16 PM 2:02</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) 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.</p> <p><b>FINDINGS</b> Resident #1 – Most recent diet order dated 3/5/22 was “Regular, Fine chopped, Cardiac diet, low cholesterol 3gms NA.” Lunch served was a regular diet menu.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>10/25/22</p> <p>22 NOV 16 P12:02 STATE OF HAWAII DPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) 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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Most recent diet order dated 3/5/22 was “Regular, Fine chopped, Cardiac diet, low cholesterol 3gms NA.” Lunch served was a regular diet menu.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p 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 i will make sure my caregivers and i will completely follow the special diet ordered by physicians or PCP at all times. I make a shopping list to follow the Menu and i Trust my Sub Caregiver.</i></p>	<p align="center">10/25/22</p> <p align="right"> <small>STATE OF HAWAII DOH-CHCA STATE LICENSING</small>        22 NOV 16 PM 2:02     </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Most recent physician's order for "Ensure 120cc BID" was dated 3/4/22. The order was not reevaluated and signed by physician for a period of six (6) months.</p>	<p><b>PART 1</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>I corrected by calling PCP to evaluated resident Supplements and Medications. PCP signed the document at home unit.</i></p>	<p><i>10/25/'22</i></p> <p><b>22 NOV 16 P12:02</b></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Most recent physician's order for "Ensure 120cc BID" was dated 3/4/22. The order was not reevaluated and signed by physician for a period of six (6) months.</p>	<p>PART 2</p> <p><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>In the future, I will double check and make sure to write all the medications and supplements to be evaluated by physicians or PCP, for a period of six months. I will review the documentation record at the end of the month.</p>	<p>10/25/22</p> <p>22 NOV 16 PM 2:02</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><b><u>FINDINGS</u></b> Resident #1 – Per progress notes, Suprapubic catheter (SPC) was irrigated on 9/1/22 and 8/20/22, but not documented in medication administration record (MAR) (Treatment was listed in MAR)</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 NOV 16 PM 2:02</p> <p>STATE OF HAWAII DOH-OPCA STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – Per progress notes, Suprapubic catheter (SPC) was irrigated on 9/1/22 and 8/20/22, but not documented in medication administration record (MAR) (Treatment was listed in MAR)</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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>In the future, I will make sure that I will bring documentation with me before starting irrigation process. After irrigation I will double check and make sure the documentation in the medication administration record was signed on correct date when irrigation is done, at all times. I will review the record at the end of the month.</p>	<p>10/2/22</p> <p>22 NOV 16 P12:02</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b>FINDINGS</b> Resident #1 – No documentation that Pneumococcal vaccine was offered or administered to the resident.</p>	<p>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>I corrected by calling PCP to order Pneumococcal vaccine. To be administered Dec. 3, 2022.</i></p>	<p>10/11/22</p> <p>22 NOV 16 PM 2:02</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation that Pneumococcal vaccine was offered or administered to the resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>In the future i will double check and make sure that a new resident has their Pneumococcal vaccine completed before admission. at all times. Review the admission check list.</i></p>	<p><i>10/11/22</i></p> <p>STATE OF HAWAII DOH-0102 STATE LICENSING</p> <p>22 NOV 16 PM 12:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p><b>FINDINGS</b>  Resident #1 – No care plan for aspiration precaution (resident is on fine chopped diet) and risk for bleeding (resident is on Eliquis.)</p>	<p><b>PART 1</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>Identified RR Case Manager.  The resident needs nursing care plan for risk for bleeding and aspiration.  Ptephantin.  Nurse Case manager developed the care plan according to resident needs.  (copy provided) and reviewed w PCG/SEC.</i></p>	<p><i>10/18/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p><b>FINDINGS</b>  Resident #1 – No care plan for aspiration precaution (resident is on fine chopped diet) and risk for bleeding (resident is on Eliquis.)</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>Upon admission PCG/SCG will collaborate, discuss and review the resident's diagnosis and need and comprehensive care plan will be developed in a timely manner. Care plan that will indicate/identify all client's needed services including treatments and medication when client admitted as expanded level of care. Monthly unit will include discussion and review care plan so other needs and services that are not done will be planned.</i></p>	<p><i>1/15/22</i></p>

Licensee's/Administrator's Signature: Marlene Rafael

Print Name: MARLENE RAFAEL

Date: 11/10/2022

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

22 NOV 16 PM 12:02