

Office of Health Care Assurance

State Licensing Section

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 10, 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.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u> . (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; <u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3, #4 – No Fieldprint results on file.	<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, Rosemary Cayabyab corrected this deficiency by having the Fieldprint checks completed and the results are on file for review by The Department.</p>	9/1/2022

STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u> , (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 Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3, #4 – No Fieldprint results on file.	<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>To ensure that this does not happen again, I shall utilize a calendar and document when the next time the background checks are due as a tool to remind me when to have it renewed. I shall review my calendar on a monthly basis and ensure that documents are on file with in a timely manner.</p>	<p style="text-align: right;">9/1/2022</p>

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. <u>FINDINGS</u> PCG – No current annual physical exam.	<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, Rosemary Cayabyab corrected this deficiency by making an appointment with my physician to have an annual exam. My annual ie exam is completed and is now on file for The Department to review.</p>	9/5/2022

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. <u>FINDINGS</u> PCG – No current annual physical exam. <div style="text-align: right;"> DISSENT 734165 0000-4433 11/11/11 30 31/11/11 </div> <div style="text-align: right;"> 04: 6V 21 330 22. </div>	<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>To ensure that it doesn't happen again. I will write in my calendar when the Physical Exam will expire. I'll make appointment at least one month before the expiration date. and then I will write the appointment in my calendar. I will review my calendar regularly on a weekly to monthly basis to ensure that all requirements are met in a timely manner.</p>	

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> SCG #4 – No 2 step/initial tuberculosis clearance.	<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, Rosemary Cayabyab corrected this deficiency by having my SCG complete her tuberculosis clearance. SCG #4 had a positive result for her 1st step. She was taken for a chest X-ray per her MD and the results are on file for The Department to review.</p>	9/8/2022

STATE OF HAWAII
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STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <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 SCG #4 – No 2 step/initial tuberculosis clearance.	<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>To ensure that this does not happen again, I have made a reminder notice and have it posted on my wall to serve as a reminder that all individuals require an a initial and annual TB clearance. I have also counseled this requirement with all my house hold members and staffing.</p>	<p style="text-align: center;">9/1/2022</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (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. <u>FINDINGS</u> Resident #1 – No menu for a special diet “Low Sugar, Heart Healthy” order.	<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, Rosemary Cayabyab have corrected this deficiency by contacting my registered dietician and have a special diet menu available for my resident. The menu is on file for review by The Department.</p>	9/1/2022

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 – No menu for a special diet “Low Sugar, Heart Healthy” order.	<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>To ensure that it doesn't happen again, I shall post a reminder notice on my desk to serve as a reminder to review the residents diet order upon Admission and every year and call my registered dietitian to create a menu for residents with special diet menu and post it.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition. (1)</u> 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 Resident #1 – on “Low sugar, Heart Healthy” diet. Regular diet menu was served for lunch.	<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>	<div style="text-align: right;"> STATE OF HAWAII DOH-ARCHA STATE LICENSING </div> <div style="text-align: right;"> 22 NOV 23 13:13 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition. (1)</u> 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 Resident #1 – Resident #1 in on “Low sugar, Heart Healthy” diet. Regular diet menu was served for lunch.	<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>To ensure that it doesn't happen again. I shall post a reminder notice on my desk to serve as a reminder to review the residents diet order upon admission and every year. I will reinsert my SCS to follow diet menu, as ordered by physician.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Expired 2% milk in gallon size container stored in refrigerator. PCG discarded it during inspection.	<div>PART 1</div> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> Expired 2% milk in gallon size container stored in refrigerator. PCG discarded it during inspection.	<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>To ensure that this does not happen again, I have discussed with my caregivers and house hold member to check for expired foods on a daily basis in the refrigerator. If there is an expired food/product to immediately disposes of it. I also made a reminder notice and placed it on the refrigerator door to serve as a reminder for all those that use the refrigerator to check for expiration dates.</p>	<p style="text-align: right;">9/1/2022</p>

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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. FINDINGS In resident bedroom #1, Pataday one day relief eye drop was left on resident's dresser. In resident bedroom #2, Icy Hot Cream, Neosporin ointment, and Antibiotic Ointment were stored in bedside table drawer. PCG removed and secured the medication during inspection.	<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>	

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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. FINDINGS In resident bedroom #1, Pataday one day relief eye drop was left on resident's dresser. In resident bedroom #2, Icy Hot Cream, Neosporin ointment, and Antibiotic Ointment were stored in bedside table drawer. PCG removed and secured the medication during inspection.	<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>To ensure that this does not happen again, I have counseled my caregivers on the rules and needing to store drugs under proper conditions. I have also made a small reminder notice and placed them on the medication cabinet door to serve as a reminder to store medications properly.</p>	9/1/2022

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

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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 – “Gabapentin 400mg Cap (Neurontin). Take 1 capsule by mouth” was ordered as follows: -10/12/21: 1 cap every morning and 3 caps at night -11/23/21: 1 cap every morning, 1 cap at lunch, 1 cap at dinner, 3 caps at night -5/17/22: 1 cap every morning and 2 caps at night Per MAR, 10/12/21 order was carried out without changing the dosage and frequency, until it was changed to 5/17/22 as ordered.	<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>	

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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. FINDINGS Resident #1 – “Gabapentin 400mg Cap (Neurontin). Take 1 capsule by mouth” was ordered as follows: -10/12/21: 1 cap every morning and 3 caps at night -11/23/21: 1 cap every morning, 1 cap at lunch, 1 cap at dinner, 3 caps at night -5/17/22: 1 cap every morning and 2 caps at night Per MAR, 10/12/21 order was carried out without changing the dosage and frequency, until it was changed to 5/17/22 as ordered.	<p style="text-align: center;">PART 2 <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>To ensure that this does not happen again, I shall review the medication MD orders and update my MAR immediately. I have made a reminder notice that is placed on my medication cabinet to serve as a reminder to review MD orders and update the MARs immediately for any changes.</p>	<p style="text-align: right;">9/1/2022</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (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. FINDINGS Resident #1 – General medication order not reevaluated, signed, and dated by physician from 11/23/21 to 5/17/22. more than four (4) months.	<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>	

STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 – General medication order not reevaluated, signed, and dated by physician from 11/23/21 to 5/17/22, more than four (4) months.	<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>To ensure that it doesn't happen again, I shall post a reminder notice To have the medication orders reevaluated and signed by the physician every 4 months or as ordered by the physician to serve as a reminder when I bring my residents For their appointments. I will also use my calendar to mark my residents medication evaluation appt. and post a reminder in my calendar of which month the next med. eval. is due.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (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. FINDINGS Resident #1 – "Metoprolol Tartrate 50mg, 1 tab, take one tablet by mouth 2 times a day" was discontinued on 7/1/22. Morning dose of 7/1/22 not documented in MAR.	<div>PART 1</div> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<div>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</div> <div>NOV 23 '22 3:13 PM</div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (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. <u>FINDINGS</u> Resident #1 – "Metoprolol Tartrate 50mg, 1 tab, take one tablet by mouth 2 times a day" was discontinued on 7/1/22. Morning dose of 7/1/22 not documented in MAR.	<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>To ensure that this does not happen again, I have counseled my staff on the requirement to document at the point of care and to document in a timely manner. I have also made a reminder notice and posted it to serve as a reminder to document in a timely manner.</p>	<p style="text-align: right;">9/1/2022</p>

STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – Schedule of Activities does not include breakfast.	<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 have corrected this deficiency by updating the schedule of activities for my resident. It is posted and available for review by The Department.</p>	8/11/2022

STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – Schedule of Activities does not include breakfast. <div style="text-align: right;"> 07/13/2017 13:15:18 4 208-H00 11/10/11 10:31:18 </div>	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have created a standard schedule of activities to include wake up-time, meal time, grooming time. and then I will expand The schedule of Activities to meet each residents specific needs. I will use a reminder notice posted on my desk. to review schedule of activities at each admission and annual 11y.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(8) 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 current inventory of money and valuables. <u>FINDINGS</u> Resident #1 – Resident's belongings not updated since admission 2/23/21.	<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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(8) 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 current inventory of money and valuables.</p> <p>FINDINGS Resident #1 – Resident's belongings not updated since admission 2/23/21.</p>	<p style="text-align: center;">PART 2 <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>To ensure that it doesn't happen again, I have posted a notice thing on my wall to serve as a reminder to update resident's belongings to keep it current annually.</p>	

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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 – Response to diet and activities not documented in progress notes.	<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>	<div style="text-align: right;"> 22 NOV 23 P 3:13 STATE OF HAWAII DOH ONCA STATE LICENSING </div>

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 – Response to diet and activities not documented in progress notes.	<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>To ensure that this does not happen again, I shall document in the resident's progress note on a monthly basis and as needed. I have counseled my caregivers on this requirement. I have made and posted a reminder notice to serve as a reminder.</p>	<p style="text-align: center;">9/1/2022</p>

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STATE OF HAWAII
DHS-HCA
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 – Medication list in Emergency Information Sheet not up to date.	<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 have corrected this deficiency by updating the medication list and emergency information sheet for Resident #1. It is on file and ready for review by The Department.</p>	8/11/2022

STATE OF KAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u>FINDINGS</u> Resident #1 – Medication list in Emergency Information Sheet not up to date.	<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>To ensure that this does not happen again, I shall review the medication list at least on a monthly basis and when ever there is a new medication or change and update accordingly. I will also update the Emergency Information sheet monthly or as needed if there are any changes. I have put a reminder on my calendar to review these things at least on a monthly basis to serve as a reminder for me.</p>	9/1/2022

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Resident #1 – White correction tape used for 6/12/22 entry in progress notes.	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Resident #1 - White correction tape used for 6/12/22 entry in progress notes.	<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>To ensure that this does not happen again, I have counseled my caregivers to not use any correction tape on any legal documents and medical records. I have counseled them on the appropriate way to make corrections by crossing the error out with a single line and writing "error" and initialing and dating the correction/error.</p>	<p style="text-align: right;">9/11/2022</p>

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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 – Order for daily blood sugar check not reviewed, signed, dated by physician between 10/12/21 and 5/17/22, more than four (4) months.	<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>	<div style="text-align: right;"> STATE OF HAWAII DOH CHS STATE LICENSING </div> <div style="text-align: right;"> 22 NOV 23 14:14 </div>

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 – Order for daily blood sugar check not reviewed, signed, dated by physician between 10/12/21 and 5/17/22, more than four (4) months.	<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>To ensure that it doesn't happen again, I shall post a reminder notice to have the medication orders and treatment orders such as blood presence sugars reevaluated and signed by the physician every 4 months or as ordered by the physician to serve as a reminder when I bring my residents for their appointments.</p>	

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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 – There were notes for blood sugar readings from October 2021 to April 2022. But PCG was unable to sort and provide the reading values for each month during inspection.	<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>	<div style="text-align: right;"> STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING </div>

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 – There were notes for blood sugar readings from October 2021 to April 2022. But PCCG was unable to sort and provide the reading values for each month during inspection.	<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>The blood sugar readings and flowsheet was temporarily misplaced on another clip board. To ensure that this does not happen again, I shall keep all the flow sheets with the resident's chart so that it is easy to locate for The Department to review. I have counseled my caregivers to do the same.</p>	<p style="text-align: right;">8/11/2022</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for residents' use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. <u>FINDINGS</u> Signaling device was out of reach of the resident in bedroom #1. PCG placed a hand bell by the resident during inspection.	<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>To ensure that this does not happen again, I have counseled my caregivers to ensure that call bell is within reach for all residents. I have counseled them to check and ensure that the call bell is within reach with every encounter and before exiting the room at all times.</p>	<p style="text-align: center;">8/11/2022</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHS STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. FINDINGS SCG #1, #2, #3, #4 – Only ten (10) hours of continuing education credits can be confirmed. Please submit evidence that two (2) hour credits are completed for each care giver.	<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 have corrected this deficiency by informing my caregivers of the requirement for 2 more hours each. They have all scheduled the trainings and the proof will be available for review by The Department.</p> <p style="text-align: center; font-size: 2em;">Attached Copy</p>	<p style="text-align: center;">8/22/22 9/10/2022</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1, #2, #3, #4 – Only ten (10) hours of continuing education credits can be confirmed. Please submit evidence that two (2) hour credits are completed for each care giver.</p>	<p style="text-align: center;">PART 2 <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>To ensure that this does not happen again, I have created a check list for my SCG's to track their continuing education credits. I will refer to it and remind them as the deadlines approach to give them enough time to complete.</p>	<p style="text-align: center;">9/10/2022</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS Fire drills conducted between 7am and 9:45am only, not conducted at various times of the day.	<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>	<div style="text-align: right;"> 22 NOV 23 P3:14 STATE OF HAWAII DOH CHC STATE LICENSING </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> Fire drills conducted between 7am and 9:45am only, not conducted at various times of the day.	<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>To ensure that this does not happen again, I have discussed with my caregivers so we can arrange to do fire drills during different times of the day. We have since did a fire drill at a later time in the day and have documented it. It is on file for review by The Department.</p>	<p style="text-align: right;">9/11/2022</p>

Licensee's/Administrator's Signature:

Rosemary Cayabyab

Print Name:

Rosemary Cayabyab

Date:

11-21-22

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Licensee's/Administrator's Signature:

Rosemary Canabalayak

Print Name:

Rosemary Canabalayak

Date:

12/12/22

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