

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: December 2, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

23
DEC 21 P 4:04
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> Substitute caregiver (SCG) #1 – No documentation of Fieldprint (fingerprint) completed.</p>	<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>Substitute caregiver (SCG) #1 completed fingerprint on 12/13/22</p>	<p>12/13/22</p> <p style="text-align: right;">23 JAN 18 P1:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p>FINDINGS Substitute caregiver (SCG) #1 – No documentation of Fieldprint (fingerprint) completed.</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>The checklist is where PCG will write down the due date when any requirements need to be completed, i.e. fingerprint PCG to check checklist at least every 4 months & notify employee at least 2 months before due date. If any employee on leave on the due date, employee to complete any due requirements upon return. PCG will not allow any employee to return to work without up-to-date requirements. PCG to file all up-to-date requirements on the case file binder, each employee has their own file.</p>	<p>2/5/23</p> <p>23 FEB 21 P 4:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> SCG #2 – No documentation of annual physical exam (PE).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #2 completed annual physical exam on 12/14/22</p>	<p>12/14/22</p> <p>23 JAN 18 P1:34</p> <p>STATE OF HAWAII DOH-HHS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> SCG #2 – No documentation of annual physical exam (PE).</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>PCG to mark on the calendar when staff's annual physical exam is due.</p> <p>PCG to remind staff one week before it's due. cross out when done.</p> <p>SCG RN to check calendar binder quarterly or as needed</p>	<p>12/5/22</p> <p>23 JAN 18 P1:34</p>

	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><u>FINDINGS</u> SCG #3 – No documentation of annual tuberculosis (TB) clearance.</p>	<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;">SCG #3 completed annual tuberculosis (TB) clearance on 12/14/22</p> <div style="text-align: right; margin-top: 200px;"> STATE OF HAWAII DEPARTMENT OF HEALTH STATE Licensure </div>	<p style="text-align: center;">12/14/22</p> <p style="text-align: center;">23 JAN 18 P1:34</p>

	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>FINDINGS SCG #3 – No documentation of annual tuberculosis (TB) clearance.</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>PCG to mark on the calendar when staff's TB clearance is due.</p> <p>PCG to remind staff one week before it's due. Cross out when done.</p> <p>SCG RN to check care logs bi-den quarterly or as needed.</p>	<p>12/5/22</p> <p>23 JAN 18 P1:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Diet order not renewed annually for resident #1 (last 11/16/21) and resident # 5 (last 6/29/21).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Diet order for resident #1 obtained on 12/30/22</p> <p>Diet order for resident #5 obtained on 11/29/22</p>	<p>12/30/22</p> <p>11/29/22</p> <p>23 JAN 18 P1:34</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Diet order not renewed annually for resident #1 (last 11/16/21) and resident # 5 (last 6/29/21).</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>PCG to mark on the calendar when resident's annual diet order needs to be renewed. cross out when done.</p> <p>SCG ^{pt} to do quarterly resident's chart review / audit</p>	<p>12/5/22</p> <p>23 JAN 18 P1:34</p>

STATE OF HAWAII
DEPARTMENT OF
SOCIAL SERVICES
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired food items were found inside the nightstand drawer in resident bedroom # 3.</p> <ul style="list-style-type: none"> • Oreo cookies expired on 10/12/21 • Lifesaver candy expired on 1/10/21 <p>Corrected on-site – PCG discarded the expired food items.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>23 JAN 18 P 1:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p>FINDINGS Expired food items were found inside the nightstand drawer in resident bedroom # 3.</p> <ul style="list-style-type: none"> • Oreo cookies expired on 10/12/21 • Lifesaver candy expired on 1/10/21 	<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>PCG reviewed SCGs on 12/5/22 to check residents' drawer at least weekly & discard any expired foods.</p> <p>PCG to check residents' drawers at least weekly.</p>	<p>12/5/22</p> <p>23 JAN 18 P1:34</p> <p>STATE OF HAWAII DOH-SCG STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the following medications were discontinued by the physician:</p> <ul style="list-style-type: none"> • Melatonin, noted as discontinued on March 2022 MAR. • Trazodone, noted as discontinued on December 2021 MAR. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Discontinued physician's order obtained on 12/30/22 for Melatonin discontinued on March 2022 MAR and Trazodone discontinued on December 2021 MAR</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>12/30/22</p> <p>23 JAN 18 P1:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the following medications were discontinued by the physician:</p> <ul style="list-style-type: none"> • Melatonin, noted as discontinued on March 2022 MAR. • Trazodone, noted as discontinued on December 2021 MAR. 	<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>For any discontinued medication, PCG to write the T.O. or V.O. right away & make a reminder on the calendar to bring the doctor's order to the next appt. for PCP to sign. PCG to cross out on the calendar if discontinued order was obtained.</p> <p>SCG RN to do quarterly resident's chart audit</p>	<p>23 JAN 18 P1:35</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> Medications were not reevaluated and signed by the physician every four months for the following residents.</p> <ul style="list-style-type: none"> • Resident #1 last renewed 11/16/21 • Resident #2 last renewed 1/6/22 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>For resident #1 Medication List as of 3/21/2022 signed by PCP on 12/30/22 Medication List as of 5/17/2022 signed by PCP on 12/30/22 Medication update for September 2022 & December 2022 signed by PCP on 12/30/22</p> <p>For resident #2 Medication list as of May 2022; September 2022; January 2023 failed to PCP for signature on 01/11/23 (returning from vacation)</p>	<p>12/30/22</p> <p>01/11/23</p> <p>STATE OF ILLINOIS JAN 8 P 1:35 DOH-6163A STATE LICENSE</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #3 – Primary caregiver (PCG) assessment form was not completed upon admission. Form was completed during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 JAN 18 P1:35</p> <p>STATE OF HAWAII DOH-PSD STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #3 – Primary caregiver (PCG) assessment form was not completed upon admission. Form was completed during the inspection.</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>To ensure that PCG completes the PCG assessment on the day of admission; SCG RN to double check 1-2 days after admission SCG RN to do quarterly chart audits.</p>	<p>12/5/22</p> <p>23 FEB 21 P4:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No documentation of annual TB clearance.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Annual TB clearance was completed on 6/23/22 - @ mm. It was filed on the Vaccination Record Section.</p>	<p>12/3/22</p> <p>23 FEB 21 P 4:04</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 and #5 – No documentation of annual PE.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 - annual PE completed 12/27/22 on 12/27/22.</p> <p>Resident #5 - annual PE completed on 11/29/22</p>	<p>11/29/22</p> <p>23 JAN 18 P 1:36</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 and #5 – No documentation of annual PE.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG to mark on the calendar when annual PE is due cross out when done.</p> <p>SCG RN to do quarterly resident's chart review</p>	<p>12/5/22</p> <p>STATE OF HAWAII OFFICE OF STATE LICENSING</p> <p>23 JAN 18 PM 56</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes have been entered since March 2022.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Started the Monthly Summary for December 2022. Completed on 01/02/23</i></p> <p>STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>	<p><i>01/02/23</i></p> <p>23 FEB 21 P 4:04</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p>FINDINGS Resident #1 – No progress notes have been entered since March 2022.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Mark on the calendar to complete monthly summary the first 3 days of the month.</p> <p>SCG RN to do quarterly residents chart review/audit</p>	<p>12/15/22</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> <p>23 JAN 18 P1:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> No documentation that the following residents had their monthly weights taken.</p> <ul style="list-style-type: none"> • Resident #1 – no weights for 6/2022, 7/2022, 10/2022, 11/2022 • Resident #2 – no weights for 5/2022, 7/2022, 8/2022, 9/2022, 10/2022, 11/2022 • Resident #4 – no weights for 5/2022, 6/2022, 7/2022, 8/2022, 9/2022, 10/22 • Resident #5 - no weights for 5/2022, 6/2022, 8/2022, 9/2022, 10/22 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 JAN 18 P 1:36</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – No incident report was generated when the resident fell on or about May 2022, as noted in the physician after visit summary dated 5/17/22.</p>	<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;">Incident report completed & filed on the care love binder on 12/3/22</p>	<p style="text-align: center;">12/3/22</p> <p style="text-align: center;">23 JAN 18 P1:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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.</p> <p>FINDINGS Resident #1 – No incident report was generated when the resident fell on or about May 2022, as noted in the physicians after visit summary dated 5/17/22.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG to complete incident report right away for any unusual incidents & notify resident's physician & family if applicable.</p> <p>PCG gave interview to SCGs on 12/3/22 how to complete incident report.</p> <p>SCG RN to do quarterly resident's chart review/audit.</p>	<p>12/3/22</p> <p style="text-align: center;">23 JAN 18 PM 36</p>

Licensee's/Administrator's Signature: Lalaine Palmano

Print Name: LALAINE KABAINO

Date: 2/9/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 FEB 21 P4:04

Licensee's/Administrator's Signature: Jalaine Rabaino

Print Name: Lalaine Rabaino

Date: 01/16/23

STATE OF HAWAII
GOVERNOR
STATE LICENSING

23 JAN 18 P1:36