

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, 2023 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
DHE-0100-A
STATE LICENSING

23
SEP 12 AM 11:22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Special diet menu unavailable for the following residents:</p> <ul style="list-style-type: none"> • Resident #1 – “low fat, low chol” • Resident #2 – “consistent carb diet, minced texture, nectar thickened liquid consistency” • Resident #3 – “Regular, nectar thick consistency” <p>Submit diet menus with plan of correction</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>I corrected this deficiency by contacting my registered dietician. My dietician and I have discussed the special diet menus for my residents. The menus are posted and available for review by The Department.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 12:22 STATE OF HAWAII DIETITIAN STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Special diet menu unavailable for the following residents:</p> <ul style="list-style-type: none"> • Resident #1 – “low fat, low chol” • Resident #2 – “consistent carb diet, minced texture, nectar thickened liquid consistency” • Resident #3 – “Regular, nectar thick consistency” <p>Submit diet menus with plan of correction</p>	<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 have quarterly contact with my dietician to have special diet menus available for my residents. I have placed a recurring alarm on my iphone to remind me when our next meeting is for special diet menus.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 1:44</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</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> Resident #5 – Annual diet order unavailable for review</p> <p>Submit a copy with plan of correction.</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>I have corrected this deficiency by obtaining a documented diet order from my resident's PCP. It is in the resident's file for review by The Department.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 11:22 STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</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> Resident #5 – Annual diet order unavailable for review</p> <p>Submit a copy with plan of correction.</p>	<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 doesn't happen again, I shall post a reminder notice on my wall where it is easily viewable. The reminder notice will remind me to get annual diet orders for my residents.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: right; font-size: small;"> STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING </p> <p style="text-align: right; font-size: small;"> 23 SEP 12 AM 1:22 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Unable to determine temperature of white refrigerator located in kitchen. Thermometer unavailable in refrigerator.</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>I have corrected this deficiency by purchasing a refrigerator thermometer and have placed in the refrigerator.</p>	<p style="text-align: center;">9/4/2023</p> <p style="text-align: right;">23 SEP 12 AM 1:22 STATE OF HAWAII DIVISION STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Unable to determine temperature of white refrigerator located in kitchen. Thermometer unavailable in refrigerator.</p>	<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 will make sure refrigerator will have a working thermometer by adding this to my daily reminders to check daily temperature (see attached lists)</p>	<p style="text-align: center;">10/18/23</p> <p style="text-align: center;">*23 OCT 19 AM 1:51</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	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 #1 – Primary caregiver (PCG) assessment unavailable for admission/readmission on 7/9/23.</p> <p>Submit a current PCG assessment with plan of correction.</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>I have corrected this deficiency by completing the assessment for admission/readmission and is in the resident's file for review by The Department.</p>	<p>9/5/2023</p>

STATE OF HAWAII
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STATE LICENSING

23 SEP 12 AM 11:22

	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 #1 – Primary caregiver (PCG) assessment unavailable for admission/readmission on 7/9/23.</p> <p>Submit a current PCG assessment with plan of correction.</p>	<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 where it is easily viewable for me to complete admission/readmission assessments.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 1:22</p> <p style="text-align: right;">STATE OF HAWAII DOR-SDCA STATE LICENSING</p>

	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 #1 – PCG assessment for admission on 3/15/23 was not signed by PCG and resident/resident's representative.</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 SEP 12 AM 12:22</p> <p>STATE OF HAWAII BDH-SHCA STATE LICENSING</p>

	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 #1 – PCG assessment for admission on 3/15/23 was not signed by PCG and resident/resident's representative.</p>	<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 to complete the admission assessments, sign them, and obtain signature from resident/representative.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-GRICA STATE LICENSING</p> <p style="text-align: right; font-size: x-small;">23 SEP 12 AM 12:21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions/valuables for admission/readmission on 7/9/23 is unavailable.</p> <p>Submit a current inventory of possessions/valuables with plan of correction.</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>I have corrected this deficiency buy completing the inventory. It is in the resident's file for review by The Department.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 12 STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

23 OCT 19 AM 1:51

STATE OF HAWAII
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STATE LICENSING

DAILY REMINDERS:

1. KEEP MEDICATION / KITCHEN CABINET LOCKED AT ALL TIMES.
2. CHECK ALL CLIENT'S DRAWERS- NO MEDICATIONS.
3. NO CLOROX OR ANY CLEANING SOLUTIONS IN THE BATHROOMS.
4. KEEP ALL MEDICAL RECORDS/ CHART CABINET LOCKED AT ALL TIMES.
5. CHECK IF ALL CALL BELL IS WORKING.
6. ALL PILLOWS HAS PLASTIC COVERS.
7. AL ALL KITCHEN DRAWERS ARE CLEAN.
8. MAKE SURE ALL LEFT-OVER FOOD ARE COVERED AND DATED.
9. CHECK ALL CLIENT'S NAIL, CUT SHORT AS NEEDED.
10. CHECK ALL LINENS , CHANGE WEEKLY AND AS NEEDED.
11. CHECK ALL REFRIGERATORS IF CLEAN. HAS THERMOMETERS THAT ARE WORKING AND VISIBLE.
12. CHECK ALL WINDOWS IF CLEAN . NOT BROKEN, NO HOLES.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions/valuables for admission/readmission on 7/9/23 is unavailable.</p> <p>Submit a current inventory of possessions/valuables with plan of correction.</p>	<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;">Upon Admission/Readmission of the client in my home, I will make sure I will utilize the attached inventory of possessions checklist so will be done on a timely manner, upon admission.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII HHS-MSA STATE LICENSING</p>	<p style="text-align: center;">10/18/23</p> <p style="text-align: center;">23 OCT 19 AM 1:52</p>

**RNF Rainbow Adult Residential Care Home, LLC
ARCH / EARCH ADMISSION CHECKLIST**

23 OCT 19 AM 1:51

Resident Name:
Admission Date:

Documents needed at the time of admission to an Adult Residential Care Home (ARCH) or EARCH (EARCH) that are obtained:	
PHYSICAL EXAMINATION (Ensure the physician completes the DOH Physical Examination form in its entirety. Can include history and physical; physician discharge summary, etc.)	
T.B. Clearance (2 step PPD skin test on admission, and/or Evidence of a positive TB skin test and a Chest X-ray report)	
Evidence Pneumococcal Vaccination	
Evidence Influenza Vaccination	
Physician Level of Care Certification	
Medication orders / Treatment orders (Ensure that all medication orders have dosage and frequency)	
Diet Orders (Ensure that the diet order includes any supplements)	
Self-preserving documentation	
Transfer Summary (Hospital & Brigs transfer form) or ARCH transfer form. If resident coming from another facility.	
Assessment /Care Plan	
Operator and Substitute Training	
Documents to Complete on the Day of Admission for all Residents	(N) that obtained
Policy and Resident Rights discussed on admission and signed by resident, guardian, family, copy to family on request	
Height and Weight Documented	
DPOA / Advanced Directive (as applicable)	
Inventory of Clothing and Valuables	
Emergency information from family	
Complete Resident Register	
Financial Statement (Who will handle the resident's allowance)	

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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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Resident Emergency Information Sheet states, “NKA” in allergies field. However; physician summary report states resident has allergies to the following: felodipine, simvastatin, and triamterene-hydrochlorothiazide.</p> <p>Submit a revised copy of the Resident Emergency Information Sheet with plan of correction.</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>I have corrected this deficiency by correcting the resident emergency information sheet to reflect the correct allergies. It is available for review by The Department.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 11:21</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Resident Emergency Information Sheet states, “NKA” in allergies field. However, physician summary report states resident has allergies to the following: felodipine, simvastatin, and triamterene-hydrochlorothiazide.</p> <p>Submit a revised copy of the Resident Emergency Information Sheet with plan of correction.</p>	<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 doesn't happen again, I shall review all resident emergency information sheets on admission/readmission to ensure correct information. I have posted a reminder notice for me to review all information and allergies for accuracy.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 12:11 STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Financial agreement dated 3/15/23 is incomplete and does not include the name of the individual for which it is intended for.</p> <p>Submit a completed signed financial agreement with plan of correction.</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>I have corrected the deficiency by completing the financial agreement. It is available for review by The Department.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 1:21</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHHS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Financial agreement dated 3/15/23 is incomplete and does not include the name of the individual for which it is intended for.</p> <p>Submit a completed signed financial agreement with plan of correction.</p>	<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 have posted a reminder notice to complete all financial agreements to include name of resident.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 12:21 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><u>FINDINGS</u> Resident #1 – Consent for video surveillance use form is incomplete and does indicate if resident consents or does not consent to surveillance camera use by the facility.</p> <p>Submit a completed signed consent form with plan of correction.</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>I corrected this deficiency by completing the video surveillance consent form for resident. It is on file for review by The Department.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: center;">23 SEP 12 AM 12:21</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><u>FINDINGS</u> Resident #1 – Consent for video surveillance use form is incomplete and does indicate if resident consents or does not consent to surveillance camera use by the facility.</p> <p>Submit a completed signed consent form with plan of correction.</p>	<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 have posted a reminder notice to have video surveillance consent completed when appropriate for resident.</p>	<p style="text-align: center;">9/5/2023</p> <div style="text-align: right; margin-top: 200px;"> <p>23 SEP 12 AM 11:21</p> <p>STATE OF HAWAII DOR-SHCA STATE LICENSING</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Bedroom #2 – Window screen frame is not installed flush to window, causing multiple openings for insects to enter bedroom.</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>I have corrected the deficiency by having the screen installed correctly so that there are no openings or gaps for insects to enter.</p>	<p style="text-align: center;">9/4/2023</p> <p style="text-align: right;">23 SEP 12 AM 12:21 STATE OF HAWAII DHF-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Bedroom #2 – Window screen frame is not installed flush to window, causing multiple openings for insects to enter bedroom.</p>	<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 make sure that this facility is following state laws & regulations & environmental safety, checking all windows if clean, no broken & no holes. is added to my daily reminder checklist for staff to perform. staff to notify me if windows need any repairs.</p> <p style="text-align: center;">(see attached)</p>	<p style="text-align: center;">10/18/23</p> <p style="text-align: right;">23 OCT 19 AM 51</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE INSPECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Resident #1 – Two oxygen tanks stored in bedroom closet</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>I have corrected this deficiency by relocating the two oxygen tanks out of the bedroom closet and moved them to the room, against the wall. They are in an area where they cannot fall or get damaged.</p>	<p>9/4/2023</p> <p style="text-align: right;">23 SEP 12 AM 1:20 STATE OF HAWAII BOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Resident #1 – Two oxygen tanks stored in bedroom closet</p>	<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 doesn't happen again, I have discussed this with my substitute caregivers about not placing oxygen tanks in the closet, but to keep them in the room, against the wall so they are visible and will not fall or get damaged.</p>	<p>9/4/2023</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

23 SEP 12 AM 12:1

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence caregivers received specialized training on oxygen use by case manager</p> <p>Submit a copy of completed training with plan of correction.</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>I have corrected the deficiency by contacting my RN Case Manager. My RN Case Manager has provided training in oxygen use and the RN Delegation form is signed and completed and on file for review by The Department.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 1:20 STATE OF HAWAII RPH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence caregivers received specialized training on oxygen use by case manager</p> <p>Submit a copy of completed training with plan of correction.</p>	<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 review my resident's needs with my RN Case Manager to ensure that all specialized training is conducted and completed. I have posted a reminder notice of this.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 SEP 12 AM 1:20 STATE OF HAWAII BOH-ORCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 -- Current medication orders are not reflected in resident's care plan.</p> <p>Submit a revised copy of care plan with plan of correction</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>I have corrected this deficiency by notifying my RN Case Manager to revise the care plan to reflect medication orders. It is on file for review by The Department.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: center;">23 SEP 12 AM 12:20</p> <p style="text-align: center;">STATE OF HAWAII <small>DOMESTIC A</small> STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Current medication orders are not reflected in resident's care plan.</p> <p>Submit a revised copy of care plan with plan of correction</p>	<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 review the care plan, medication orders, and medications upon admission/readmission and monthly when my resident's RN Case Manager comes to visit to ensure complete and accurate care plans. If the care plan is not complete, I will notify my RN Case Manager to revise it. I have created a reminder notice and placed it on my wall to serve as a reminder tool to review current medication orders and care plans with my case manager monthly.</p>	<p>9/5/2023</p> <p style="text-align: right;">23 OCT -2 110 :09</p> <p style="text-align: right;">STATE OF HAWAII <small>DEPT. OF HEALTH</small> STATE LICENSING</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>FINDINGS Resident #1 – Physician's diet order dated 7/7/23 states, "low fat, low chol"; however, care plan states, "low salt diet". Care plan does not reflect current diet orders.</p> <p>Submit a revised copy of care plan with plan of correction</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>I have corrected this deficiency by notifying my RN Case Manager to revise the care plan to reflect the correct diet orders. It is on file for review by The Department.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: center;">23 OCT -2 10:09</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Physician's diet order dated 7/7/23 states, "low fat, low chol"; however, care plan states, "low salt diet". Care plan does not reflect current diet orders.</p> <p>Submit a revised copy of care plan with plan of correction</p>	<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 will post a reminder note on the resident binder to review the diet order stated on care plan with current diet order with Case Manager at each monthly visit.</p>	<p style="text-align: right;">10/18/23</p> <p style="text-align: right;">23 OCT 19 AM 11:51</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DEPT. OF CORRECTIONS STATE PRISONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – No documented evidence a comprehensive assessment completed prior to admission/readmission on 7/9/23.</p> <p>Submit a revised copy of care plan with plan of correction</p>	<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"/>	<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><u>FINDINGS</u> Resident #1 – No documented evidence a comprehensive assessment completed prior to admission/readmission on 7/9/23.</p> <p>Submit a revised copy of care plan with plan of correction</p>	<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 include "case managers pre admission assessment" to my admission/Readmission Checklist to ensure the pre-admission assessment is obtain timely. I will utilize my checklist with each admission/Readmission.</p>	<p style="text-align: right;">10/18/23</p> <p style="text-align: right;">23 OCT 19 AM 1:52</p>

Licensee's/Administrator's Signature: *Rosemary*

Print Name: Rosemary Cayabyab

Date: 10/18/23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

'23 OCT 19 AM 5:1

Licensee's/Administrator's Signature: *Rosemary*

Print Name: Rosemary Cayabyab

Date: 9/30/23

23 OCT -2 A10:09
STATE OF HAWAII
DHI-DNSA
STATE LICENSING

Licensee's/Administrator's Signature: 

Print Name: Rosemary Cayabyab

Date: 9/11/23

23 SEP 12 AM 1:20
STATE OF HAWAII
DOH-SHCA
STATE LICENSING