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 13, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	12/20/2023
Be currently certified in first aid; FINDINGS Substitute caregiver #1 – No documentation of first aid certificate.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Substitute Caregiver #1 took the First Aid Class on 11/21/2023 and only received the card on 12/20/2023. Copy of the First Aid card filed on the Care Home binder.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period	PART 2	01/05/2024
less than four hours shall: Be currently certified in first aid;	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE	
FINDINGS Substitute caregiver #1 – No documentation of first aid	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
certificate.	For substitute caregivers that don't work at the hospital, caregivers will only take the Heartsaver First Aid CPR AED Class. No need to take the BLS. Renew cards at least 2 months before it expires. PCG and/or SCG RN to mark on the desk calendar as well as to their personal calendar for any caregiver to take the class 2 months before the certificate expires. PCG and/or SCG RN to assist any caregiver in making the appointment to take the class. One month before the certificate expires, PCG and/or	
	SCG RN to ask for the certificate. Cross out on the calendar when completed.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	12/13/2023
FINDINGS Resident #1 – Physician order dated 5/12/22 MS Contin 15mg 1 tab po Q12H was not made available to the resident since July 2022. Medication administration record (MAR) shows medication was administered from May 2022 to July 2022, and medication order did not appear in subsequent months. No documentation that the medication was discontinued.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Order to discontinue MS Contin obtained on 12/13/2023	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
X	§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.	PART 2 <u>FUTURE PLAN</u>	Date 01/05/2024
	Resident #1 – Physician order dated 5/12/22 MS Contin 15mg 1 tab po Q12H was not made available to the resident since July 2022. Medication administration record (MAR) shows medication was administered from May 2022 to July 2022, and medication order did not appear in subsequent months. No documentation that the medication was discontinued.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? If a resident will not take any PRN medication for about 2 months, PCG or SCG RN to obtain an order to discontinue medication. When completing the monthly medication record, PCG or SCG RN to mark on the desk calendar when to get a discontinue order. Cross out on the calendar when completed.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
RULES (CRITERIA) §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 - Physician order dated 3/22/23 Tylenol was changed to 325mg 2 tabs po BID. However, March 2023 MAR indicated Tylenol 500 mg 2 tabs po BID was given from 3/23/23-3/31/23.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Completion Date

All medications and supplements, such as vitamins. PART 2	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§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 - Physician order dated 3/22/23 Tylenol was changed to 325mg 2 tabs po BID. However, March 2023 MAR indicated Tylenol 500 mg 2 tabs po BID was given	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? After a doctor's visit and if there are medication changes, PCG to change it on the medication record right away. SCG RN to double check medication record every first	Completion Date 01/01/2024

 3	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	12/13/2023
	FINDINGS Resident #1 — Physician order dated 5/12/22 MS Contin 15mg 1 tab po Q12H was not renewed/reevaluated every four months. No documentation that the medication was discontinued.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Order to discontinue MS Contin obtained on 12/13/2023	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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.	PART 2 <u>FUTURE PLAN</u>	Date 01/01/2024
FINDINGS Resident #1 – Physician order dated 5/12/22 MS Contin 15mg 1 tab po Q12H was not renewed/reevaluated every four months. No documentation that the medication was discontinued.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG or SCG RN to mark on the desk calendar when all medication orders be re-evaluated and signed by the Physician or ARN every 4 months. Cross out on the calendar when completed.	

Licensee's/Administrator's Signature	Amy Melchor–Tamayo ::
Print Name:	Amy Melchor-Tamayo
Date:	Feb 8, 2024