

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 14, 2025 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 – Physician added a supplement order on 5/9/25. P. Protein 30g supplement 1 bottle a day, but the order did not reflect on medication administration record (MAR) until 6/27/25.</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>§11-100.1-15 <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 - Physician added a supplement order on 5/9/25, P. Protein 30g supplement 1 bottle a day but order did not reflect on MAR until 6.27/25.</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 prevent form happening again, PCG ensures that all medications and supplements, such as vitamins, mineral and formulas shall be made available as ordered by the Physician or APRN. PCG ensures to reflect all MD/APRN ordered in the MAR right away for the record purposes. for any unsure order, PCG will call physician/Aprn for clarification.</p> <p>PCG ensures to create a checklist and posted a reminder notice to serve as a reminder to review the above right after visit with PCP</p>	<p>11/14/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 - Pantoprazole order was not clarified to indicate the appropriate frequency of administration. Order states, "Pantoprazole 40 mg tablet po 30 mins before meals." <i>Submit a copy of the clarified order with your plan of correction (POC).</i></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>Resident # 1 - Pantoprazole has been clarified: PANTOPRAZOLE 40 mg 1 TABLET po 30 minutes before breakfast daily.</p> <p>Clarified order attached.</p>	8/31/2025

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<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 - Pantoprazole order was not clarified to indicate the appropriate frequency of administration. Order states, "Pantoprazole 40 mg tablet po 30 mins before meals."</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>PCG ensure that all medications and supplements prescribed by a Physician/APRN must match with the Pharmacy's bottle label with right name, right frequency, right DOSAGE, right time and a right route. PCG will call Physician/APRN for clarification to ensure MD order.</p> <p>PCG creates a checklist to ensure that all medications prescribed by the Physicians/APRN indicate the appropriate frequency of administration. PCG posted a reminder notice to serve as a reminder to review the above issue.</p>	<p>11/14/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 - April MAR shows Atomy psyllium husk support for normal BM was started on 4/28/25, but the order was not obtained until 5/9/25</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>§11-100.1-15 <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 - April MAR shows Atomy psyllium husk support for normal BM was started on 4/28/25, but the order was not obtained until 5/9/25</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>If resident's family brought in any Medications/supplement in the Care Home, PCG ensure to obtain a Physician/APRN order first before giving to the resident for safety. Pcg ensures also that the right name, right frequency, right time, right dose and right route shall be labelled accurately. Pcg ensures to reflect in the MAR right away and may match with MD order and bottle label. PCG will call Physician/APRN for any unsure MD order to prevent from error,</p> <p>PCG create a checklist and post a reminder notice to identify what problem is encountered.</p>	<p>11/14/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 -- Physician order states, "Atomy psyllium husk support for normal BM 1 packet QD." but transcribed on MAR as "Atomy psyllium husk support for normal BM" - order incomplete. <i>Submit proof of correction with your POC.</i></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>Resident # 1 -Physician order for Atomy psyllium has been corrected to: Atomy psyllium husk support-give 1 packet PO QD for normal BM</p> <p>POC attached</p>	<p>8/31/2025</p>

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	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 - Care plan did not reflect or address the following:</p> <ul style="list-style-type: none"> - Self-care deficit as resident needed assistance with ADLs and IADLs, - ALL medication orders - Dysphagia/Nutrition -- on supplement, needed 1:1 supervision with meals - PT/OT services order (as noted on discharge orders dated 4/28/25) <p><i>Submit a copy of the revised care plan with your POC.</i></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 have corrected the deficiency by notifying the resident's RN CM. The care plan was updated and reviewed.</p>	<p>8/26/2025</p>

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<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 - Care plan did not reflect or address the following:</p> <ul style="list-style-type: none"> - Self-care deficit as resident needed assistance with ADLs and IADLs. - ALL medication orders - Dysphagia Nutrition – on supplement, needed 1:1 supervision with meals - PT/OT services order (as noted on discharge orders dated 4/28/25) 	<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 it does not happen again, I will review the resident's care plan with the case manager upon admission and on a monthly basis to ensure completeness and accuracy. I have posted a reminder notice to review the care plan upon admission and every month.</p>	<p>8/26/2025</p>

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Licensee's/Administrator's Signature: rosemary cayabyab

Print Name: rosemary cayabyab

Date: 08/31/2025

Licensee's/Administrator's Signature: rosemary cayabyab

Print Name: rosemary cayabyab

Date: 11/14/2025