Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rainbow Adult Residential Care Home/Expanded ARCH	**CHAPTER 100.1**
Address: **95-195 Aumea Loop, Mililani, Hawaii 96789**	**Inspection Date: December 18, 2024 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
☒	§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. **FINDINGS** Substitute Care Giver (SCG) #1 – No documented evidence of a current annual physical examination clearance by physician or advanced practice registered nurse (APRN) on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** As soon as annual Physical exam was found out that it was missing, appointment was made to SCG#1's PCP for march 24, 2025 (earliest date PCP can see SCG#1). Annual PE of SCG #1 completed on March 24, 2025, copy attached.	3/18/25

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	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. **FINDINGS** Resident #1 – Physician ordered "Lorazepam 0.5mg tablets," "Lorazepam 2mg/mL," and "Acetaminophen 160mg/5mL" on 7/18/2024. Aforementioned medications not available in facility for resident use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Aforementioned medications procured & put in side locked medicine cabinet.	12/20/24

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☒	§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 ordered "Lorazepam 0.5mg tablets," "Lorazepam 2mg/mL," and "Acetaminophen 160mg/5mL" on 7/18/2024. Aforementioned medications not available in facility for resident use.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** All medications will be procured and be made available in facility for residents use as soon as ordered by Physician or APRN. Caregivers will check the residents' medication bins daily to ensure all medications ordered by the physician/APRN are available in the resident medication bin for residents' use.	3/18/25

	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. **FINDINGS** Resident #1 – Resident July 2024 – December 2024 medication administration record (MAR) reads "Glucerna 234mL PO BID as needed if intake < 50%." No documented evidence of a physician or APRN order for supplement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** MARS corrected to include "glucerna 234 ml PO BID as needed if intake < 50% initialed/signed by attending physician.	7/16/24 before admission to Hospice Care (7/18/24)

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1, Resident #2, Resident #3, Resident #4 – No documented evidence of a current annual level of care evaluation by a physician or APRN on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Evidence of current annual LOC eval by a physician or APRN for resident #1 on file. 2/14/25	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #2 – No documented evidence of a current annual self-preservation evaluation by a physician or APRN on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident # 2 of evidence of a current annual Self-preservation eval by a Physician/APRN ON FILE.	11/24/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #2 – No documented evidence of a current annual self-preservation evaluation by a physician or APRN on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident's chart must be "flagged" with yellow sticker with date of annual self-preservation evaluation by Physician/APRN. The secondary caregivers will review the residents' chart to ensure that a current self-preservation evaluation was completed and on file. Caregivers review the charts daily to ensure documentation is properly documented and filed for department review.	3/18/25

Licensee's/Administrator's Signature: _____

Print Name: DEBBIE M. MORGONIA

Date: 2/14/25

Licensee's/Administrator's Signature: _____

Print Name: Debbie L. Borgonia

Date: 3/18/25