

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Michelle Cacayorin Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-109 Palai Place, Waipahu, Hawaii, 96797</b>	<b>Inspection Date: July 29, 2021 Annual</b>

**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.**

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

21 AUG 25 P 2:36

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <b><u>FINDINGS</u></b> Resident #1- Diet of order of pureed diet not reflected on menu.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes. I included the puree diet on the menu and instructed care givers to checked the menu.</p>	<p style="text-align: center;">July 30, 2021</p> <p style="text-align: center;">21 AUG 25 P 2:36</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #1- Diet of order of pureed diet not reflected on menu.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">I will make sure that all special diets are reflected on menu. I will put (P) "puree" as legend (*) for the residents that has special diet. I will put on checklist, highlighting care home policy, &amp; personal notes that PCG and SCG visible to visible to see before meal prep.</p>	<p style="text-align: center;">21 AUG 25 P2 36</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #2- Diet of order of 4 grams of sodium or no salt not reflected on menu.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes. I called the PCP for verification of her diet order. PCP nurse administrator told me to stick on the 4 gr of Sodium.</p>	<p style="text-align: center;">21 JUN 25 P2:36</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #2- Diet of order of 4 grams of sodium or no salt not reflected on menu.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">I will make sure that all special diet will reflected on menu. I will put 4 grams salt (4g) as legend and (*) for the residents that has special diet. I will put on the checklist, highlighting care home policy, &amp; personal notes that PCG &amp; SCG visible to see before meal prep.</p>	<p style="text-align: right;">21 AUG 25 P2:36</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b>  Resident #1: Betamethasone cream unlabeled in medication cabinet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes. I put label on Betametha-  Some cream w/ name of resident,  instruction &amp; route.</p>	<p style="text-align: center;">July 29,  2021</p> <p style="text-align: center;">21 AUG 25 P 2:36</p> <p style="text-align: center;">STATE OF HAWAII  DOH-SCCA  STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u>  Resident #1: Betamethasone cream unlabeled in medication cabinet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">I will make sure that all over the counter supplements, medication are labeled. I will use permanent ink or sticker w/ their name, instruction &amp; route, I will put on the checklist, highlighting care home policy, &amp; personal notes that PCG &amp; SCG will always check label for over-the counter supplements, medication, and etc.</p>	<p style="text-align: right;">July 29, 2021</p> <p style="text-align: right;">21 AUG 25 P2:36</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-0002 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (b) Individuals associated with the ownership or operation of a Type I ARCH, the licensee, and the primary care giver shall not serve as guardian, power of attorney, or trustee of the resident or resident's estate.</p> <p><b>FINDINGS</b> Resident #3- Primary care giver assigned as power of attorney.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I contacted the office of the Public Guardian on 8/02/21. I was advised to file a Petition on-line to the Judiciary of Hawaii for Incapacitated adult when Resident #3 became incapacitated. For now the durable POA that we have for Resident #3 was revoked last Aug. 04, 2021. Resident #3 has a medical certification on 12/16/20 stating that he has capacity to make responsible decision.</p>	<p>Aug 5, 2021</p> <p style="text-align: right;">21 AUG 25 P 2 36</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHE-ORCA STATE LICENSING</p>



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Licensee's/Administrator's Signature: *Michele R. Cacayorin*

Print Name: MICHELE R. CACAYORIN

Date: Aug. 24, 2021

21 AUG 25 P 2:36  
STATE OF HAWAII  
DOH-900A  
STATE LICENSING