

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Prime Health Services Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 99-1041 Halawa Heights Road, Aiea, Hawaii 96701</b>	<b>Inspection Date: September 24, 2024 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 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).**

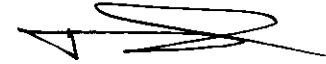
	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 5/15/2024 for “Metoprolol Tartrate 25mg oral tab. Give 1 tab in AM. Hold if SBP less than 140 or HR less than 60.” However there were no blood pressure and heart rate available for review.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 5/15/2024 for “Metoprolol Tartrate 25mg oral tab. Give 1 tab in AM. Hold if SBP less than 140 or HR less than 60.” However, there were no blood pressure and heart rate available for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A spot for blood pressure and heart rate was added to the medication administration record (MAR). To prevent this deficiency from recurring in the future, I will do medication reconciliation weekly. I will review review all medication orders, medication labels, and MAR entries to ensure blood pressure and heart rates are being taken and that medications are being administered as ordered. A weekly recurring reminder has been set upon on my cell phone to remind me to do this.</p>	07/01/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No current physical exam available for review.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCP NOTIFIED RESIDENT'S PCP AND HAD RESIDENT'S ANNUAL PHYSICAL DONE AND FILLED TO RESIDENT'S ASST.</p>	<p>1/06/25</p> <p></p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No current physical exam available for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG includes Physical Exam on the resident's admission checklist and will check on the first day of every 3 months to ensure all documents are current. A reminder was also scheduled on my cellphone calendar to alert me when its time to check.</p>	06/26/2025

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

~~RAFAEL~~ "KYAN" ANTONIO PCS

Date: \_\_\_\_\_

1/00/25

01/00/25

01/00/25

Licensee's/Administrator's Signature: Rafael m. Antonio PCG

Print Name: Rafael m. Antonio PCG

Date: Jun 26, 2025

Licensee's/Administrator's Signature: Rafael M. Antonio PCG  
Print Name: Rafael M. Antonio PCG  
Date: Jul 1, 2025