

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Little Heaven	CHAPTER 100.1
Address: 91-1145 Haiamu Place, Ewa Beach, Hawaii 96706	Inspection Date: June 10, 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>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 – Facility licensed for ambulatory only residents; however, progress notes state resident is using a rolling shower chair, requiring repositioning in wheelchair, and physician's orders for wheelchair, Hoyer lift, hospital bed with full rails. Resident exceeds license limit for ambulatory residents only.</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>A reevaluation request for wheelchair licensure was made to the OHCA nurse consultant on 6/11/25. Request was acknowledged on 6/16/25, with wheelchair licensure to be processed pending inspection of wheelchair accessible home modifications. Wheelchair inspection home visit scheduled for 7/13/2025</p>	07/13/25

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	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><u>FINDINGS</u> Resident #1 – Physician's order dated 3/19/25 and 4/7/24 states, "Psyllium 28% Pack Take 1 packet by mouth two times daily as needed. 1 teaspoon full with 8oz fluid. Sugar free ok"; however, bottle label states, "Psyllium fiber supplement DOSE: 1 rounded tsp w/ 8oz water DAILY". Medication label does not reflect physician's order</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>The deficiency was corrected by removal of the medication from oral medication container.</p> <p>A new order was signed on 6/13/2025 by PCP. Medication was re-labeled reflecting the new AND complete order and placed in oral medication container.</p>	<p style="text-align: right;">06/13/20</p>

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	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 – Progress note dated 3/26/25 states, “applied miconazole to back of upper thighs for redness...” and on 3/27/25, “Applied miconazole to client’s buttocks...”; however, physician’s order to administer medication unavailable.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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's order dated 3/19/25 and 4/7/25 states, "Acetaminophen 500mg tablet Take 2 tabs by mouth every 6 hours as needed for PAIN or FEVER"; however, medication not reflected on MAR as being made available</p> <p>Submit a revised copy of MAR with plan of correction.</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>This deficiency was corrected. An updated MAR was created to include this medication the way it was ordered by the PCP.</p>	06/13/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Initial 2-step TB clearance unavailable</p> <p>Submit a copy with plan of correction.</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>Deficiency has not yet been corrected. PCG aware that resident will need another TB test before 5/27/2026 to qualify for an initial 2 step. PCG has contacted a local agency- Healthy Mothers Healthy Babies on 6/19/25 to request a home visit to administer PPD. PCG is currently waiting for a call back from the nurse (informed of 3-week wait time) who serves the west side to schedule home visit. Once PPD has been placed and read, results will be included in resident's chart.</p>	05/26/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications not included in monthly progress notes</p>	<p>PART 1</p> <p>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>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications not included in monthly progress notes</p>	<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 prevent this deficiency from happening in the future, PCG will state whether resident's daily medications were effective or not, and if ineffective, what was done about it.</p> <p>PCG will include in monthly MAR legend "E" for effective or "I" for ineffective in order to summarize response to medications when completing monthly summary progress notes</p>	07/01/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – MAR shows the following medication was administered from 4/10/25-4/17/25, "Cephalexin 500mg 1 capsule BID x7 days"; however, documented evidence of resident's response to treatment unavailable</p>	<p>PART 1</p> <p>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>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – MAR shows the following medication was administered from 4/10/25-4/17/25, "Cephalexin 500mg 1 capsule BID x7 days"; however, documented evidence of resident's response to treatment unavailable</p>	<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 prevent this from happening in the future, the PCG will utilize an audit tool to ensure that progress notes are documented in the appropriate chart. This will be referred to at least on a monthly basis. Prior to documenting in the narrative progress notes, a chart check and resident match is the first action to be taken. Secondly, a reminder to check that the PRN medication entry reflects the MAR followed by whether the PRN medication was effective or not would also be done. Thirdly, if PRN medications were not effective, a reminder for what actions were taken would need to be documented.</p> <p>Finally, the PCG will initial the checklist to indicate that the audit took place for that month.</p> <p>In a similar fashion, the monthly summary progress notes will also be audited each month. First action would be to chart check and resident match. Then a longer reminder checklist regarding the resident's responses (see tool for specifics) are to be addressed. Lastly, the PCG will initial the checklist to indicate that</p>	07/12/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed of services and rate for services, in writing, at the time of admission on 3/1/25</p> <p>Submit a copy with plan of correction.</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>This deficiency was corrected. The section in GOP regarding rate for services was completed.</p>	06/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed of services and rate for services, in writing, at the time of admission on 3-1-25</p> <p>Submit a copy with plan of correction.</p>	<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 prevent this deficiency from happening in the future, PCG has added an additional reminder on the admission checklist that the resident or their representative was informed of services and rate for services in writing prior to or at time of admission. I will refer to this admission checklist for all future admissions.</p> <p>Admission checklist to be submitted with this POC.</p>	07/12/25

Licensee's/Administrator's Signature: Cielito Matias-Schwartz

Print Name: Cielito Matias-Schwartz

Date: 06/25/25

Licensee's/Administrator's Signature: Cielito Matias-Schwartz

Print Name: Cielito Matias-Schwartz

Date: 07/13/25