

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 888 Adult Residential Care Home	CHAPTER 100.1
Address: 98-550 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: June 13, 2025 Annual

25 JUN 26 19:41  
STATE LICENSING SECTION  
OFFICE OF HEALTH CARE ASSURANCE

**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>§11-100.1-7 <u>General operational policies.</u> (a)(2)            General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Types of services to be provided to residents which at minimum shall include activities of daily living;</p> <p><b>FINDINGS</b>            Resident #1- No documented evidence of expanded policy given and signed by resident and/or resident's family/legal guardian.</p> <p>Please provide copy of signed expanded policy with your plan of correction.</p>	<p style="text-align: center;">PART 1</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><b>I have corrected this deficiency by providing Resident #1's family with the expanded policy. It was reviewed and signed by the resident's family.</b></p>	<p>6/24/2025</p> <p style="text-align: center;">25 JUN 26 19:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(2)            General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Types of services to be provided to residents which at minimum shall include activities of daily living;</p> <p><b><u>FINDINGS</u></b>            Resident #1- No documented evidence of expanded policy given and signed by resident and/or resident's family/legal guardian.</p> <p>Please provide copy of signed expanded policy with your plan of correction.</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><b>To ensure that it doesn't happen again, I shall have a copy of the signed expanded policy in the resident's chart ready for review by The Department. I have made a reminder notice and posted it on my wall to serve as a reminder to have the expanded policy signed and available upon each resident admission.</b></p>	<p>6/24/2025</p> <p style="text-align: right;">25 JUN 26 AM 9:41</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><b><u>FINDINGS</u></b> Resident #1- Physician ordered on 5/6/25 for "Acetaminophen 500 mg Take 2 tablets by mouth 2 times a day. May give an additional 2 tablets as needed for pain or fever"; however, the medication administration records (MAR) from May 2025 to June 2025 was written as, "Take 2 tablets PO every 8 hours PRN pain".</p>	<p style="text-align: center;">PART 1</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>I have corrected this deficiency by correcting the resident's MAR.</p>	<p>6/24/2025</p> <p style="text-align: right;">25 JUN 26 19:41</p> <p style="text-align: right;">STATE</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- Physician ordered on 5/6/25 for "Acetaminophen 500 mg Take 2 tablets by mouth 2 times a day. May give an additional 2 tablets as needed for pain or fever"; however, the MARs from May 2025 to June 2025 was written as, "Take 2 tablets PO every 8 hours PRN pain".</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></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><b>To ensure that this doesn't happen again, I will review the resident's MAR on a monthly basis and when there is a new Physician's order for any new or current medications. I shall review the Physician orders with the medication label and the MAR for accuracy. I have created a reminder notice and placed it on my wall to serve as a reminder to review all physician orders, medication labels, and MARs upon admission, monthly, and when a new physician order is received.</b></p>	<p>6/24/2025</p> <p style="text-align: right;">25 JUN 26 19:41</p> <p style="text-align: right;">STATEL. JUN 26 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)            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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>            Resident #2- No height listed in the 2025 residents' registry.</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><b>I have corrected this deficiency by obtaining the resident's height and documenting it in the resident's registry.</b></p> <p style="text-align: right;">STATE OF CONNECTICUT            DEPARTMENT OF            SOCIAL SERVICES</p>	<p>6/24/2025</p> <p style="text-align: center;">25 JUN 26 19:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)            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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>            Resident #2- No height listed in the 2025 residents' registry.</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>To ensure that it doesn't happen again, I have created a reminder notice and placed it on my wall to serve as a reminder to measure the member's weight and height upon admission and document it in the resident's registry.</p>	<p>6/24/2025</p> <p style="text-align: right;">25 JUN 26 A9:41</p> <p style="text-align: right; font-size: small;">STATE (Location)</p>

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	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><b>FINDINGS</b> Resident #1- No documented evidence of a progress note written for May 2025.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STAFFELI</p>	<p>25 JUN 26 19:41</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><b>FINDINGS</b> Resident #1- No documented evidence of a progress note written for May 2025.</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>To ensure that it doesn't happen again, I have created a reminder notice and placed it on my wall. The notice will serve to remind me and my staff to document in the resident's progress notes on a monthly basis or more frequently as needed. I have counseled my staff on the requirement to document in the resident's progress notes per criteria from The Department.</p> <p style="text-align: right; font-size: small;">STATE LINE COURTS</p>	<p>6/24/2025</p> <p style="text-align: right; font-size: small;">JUN 26 09:41</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1- "E" was used in June 2025 MAR with no explanation of "E" in the legend.</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><b>I have corrected the deficiency by updating all resident MARs with a legend.</b></p>	<p>6/24/2025</p> <p style="text-align: right;">25 JUN 26 A9:41</p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY STATE LIBRARIAN</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1- "E" was used in June 2025 MAR with no explanation of "E" in the legend.</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>To ensure that this doesn't happen again, I have updated all resident MARs with a complete legend. I have also counseled all my staff on the updated MARs with the legend and what each abbreviation means.</p>	<p>6/24/2025</p> <p style="text-align: right;">25 JUN 26 A 9:41</p> <p style="text-align: right;">STA STATE LIBRARY</p>

	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><b><u>FINDINGS</u></b> Resident #1- Physician changed level of care from ARCH to expanded ICF on 5/6/25; however, case management services was initiated on 6/2/25. No documented evidence that the care plan was developed within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF MISSISSIPPI STATE LICENSING</p>	<p style="text-align: center;">25 JUN 26 09:42</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><b><u>FINDINGS</u></b>            Resident #1- Physician changed level of care from ARCH to expanded ICF on 5/6/25; however, case management services was initiated on 6/2/25. No documented evidence that the care plan was developed within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission.</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><b>To ensure that it doesn't happen again, I shall gather all appropriate documentation regarding level of care and contact a case manager once a resident's level of care changes from ARCH to E-ARCH. I have posted a reminder notice with the time frame for the care plan to serve as a reminder.</b></p> <p style="text-align: right; font-size: small;">STATE LICENSING BOARD</p>	<p>6/24/2025</p> <p style="text-align: right;">25 JUN 26 A9:42</p>

18/20

Licensee's/Administrator's Signature: Victor Lafortera Jr  
Print Name: Victor Lafortera Jr  
Date: 6/24/2025

25 JUN 26 09:42  
SMA -411  
STATE LICENSING

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