Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A's Carehome LLC	**CHAPTER 100.1**
Address: **99-147 Kalaloa Street, Aiea, Hawaii 96707**	**Inspection Date: December 19, 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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; FINDINGS Substitute caregivers #1 and #3 – No current documented criminal background clearance. Please submit copies of Fieldprint results with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute caregiver # 1 will her finger prints done 12/30/2025. Substitute caregiver # 3 had a current Fieldprint results but it was filed in the wrong area of the carehome binder.	12/29/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; FINDINGS Substitute caregivers #1 and #3 – No current documented criminal background clearance. Please submit copies of Fieldprint results with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary caregiver to utilize a tool, checklist of what are needed for every caregiver in the carehome. The checklist will be checked every 1st day of the month.Include in the note next due date. Primary Caregiver to have a TAB of each individual caregiver that includes all the requirements that are needed.	12/29/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS No documented initial clearance test for tuberculosis screening for Substitute caregivers #1, #2, and #3. Please submit tuberculosis clearance results with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute Caregivers # 1 and 3 Obtained Initial Clearance Test for Tuberculosis. Substitute Caregiver # 2 had a current Clearance Test for Tuberculosis but it was filed in the wrong area	12/29/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS No documented initial clearance test for tuberculosis screening for Substitute caregivers #1, #2, and #3. Please submit tuberculosis clearance results with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Caregiver to utilize a tool checklist and it will be checked every 1st of the month to ensure compliance .	12/29/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; FINDINGS Primary caregiver, substitute caregivers #1 and #3 – No current documented First Aid training certifications. Please submit current First Aid training certifications with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary Caregiver, substitute caregivers #1 and #3 completed First Aide Training	12/27/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; FINDINGS Primary caregiver, substitute caregivers #1 and #3 – No current documented First Aid training certifications. Please submit current First Aid training certifications with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Caregiver to utilize a tool checklist to remind and ensure First Aide Training is completed for all caregivers. Also include the next due dates.	12/27/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; FINDINGS Substitute caregivers #1 and #3, no documented current cardiopulmonary resuscitation training certifications. Please submit current cardiopulmonary resuscitation certifications with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute Caregiver #1 and #3 completed training and received CPR certifications.	12/27/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; FINDINGS Substitute caregivers #1 and #3, no documented current cardiopulmonary resuscitation training certifications. Please submit current cardiopulmonary resuscitation certifications with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary caregiver to utilize a tool checklist . Include due dates. PCG to check every 1st of the Month.	12/29/2025

	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 – Observed empty bottle of Levothyroxine Sodium 25 mcg in resident's medication bin. Resident #1 – No physician order found in resident's chart for the following pharmacy labeled medication bottles found in resident's medication bin: 1)"Furosemide 40 mg tab 1-tab po once daily" ordered 06/27/25. 2)"Sertraline HCL 50 mg tab 1-tab po daily" ordered 08/22/25.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident # 1- client's daughter had the medication. She delivered to the carehome that evening of 12/19/25 1) Furosemide 40 mg 1 tab po once daily that was ordered 6/27/25- primary caregiver obtained copy of the visit summary from Cardiologist 2) Sertraline HCL 50 mg 1 tab po daily - primary caregiver requested copy of the After Visit Summary from resident's PCP.	12/29/2025

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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 – Observed empty bottle of Levothyroxine Sodium 25 mcg in resident's medication bin. Resident #1 – No physician order found in resident's chart for the following pharmacy labeled medication bottles found in resident's medication bin: 1)"Furosemide 40 mg tab 1-tab po once daily" ordered 06/27/25. 2)"Sertraline HCL 50 mg tab 1-tab po daily" ordered 08/22/25.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary caregiver to refill medications 14 days before medication gets depleted . Primary caregiver to remind family to pick up medications at least 5 days before it gets depleted.	12/19/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Medication orders were not reevaluated and signed by the physician every four months. Last medication review and order was dated 07/01/2025.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Medication administration record had no entries from 12/16/25-12/19/25.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: Anabella James RN

Print Name: Anabella James RN

Date: Dec 29, 2025