

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabingabang Care Home	CHAPTER 100.1
Address: 94-1121 Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: July 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>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> SCG #2 – Two (2) consecutive years of Fieldprint clearance unavailable (only 7/5/23 available)</p> <p>SCG #2 – Current Fieldprint clearance unavailable</p> <p>Submit a copy of current FieldPrint clearance with plan of correction.</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>Field print clearance appointment obtained. Schedule 8/4/25 Copy to follow</p>	07/18/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – PCG training to make medications available is unavailable</p> <p>Submit a copy of completed training 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>PCG training was done 8/1/07 Updated 1/15/17, 1/2/19 found. Mistakenly removed from care home folder. Completed 7/11/25</p>	<p>07/11/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – PCG training to make medications available is unavailable</p> <p>Submit a copy of completed training with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. Included SCG training for medications in my "To do" checklist. 2. I will utilize the checklist for any training needed for specific care of clients. 3. I will have the results and file them in the care home chart. 4. I will review this checklist every 3 months. 	<p>09/11/25</p> <p>9/22/25</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/23/24-3/24/25 to present states, “Artificial Tears 0.2-2.1% Solution Instill 1 drop in each eye 4 times daily as needed”; however, PRN indication unavailable, medication order incomplete.</p> <p>Submit a copy of updated order with plan of correction.</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>1. I called the physician of resident #1 to clarify medication order. 2. I documented the medication order on the physicians notes and made the physician sign. 3. I kept the document in the patients chart.</p>	09/11/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – Annual dental exam unavailable</p> <p>Submit a copy of completed exam or declination statement with plan of correction.</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>Resident #1 refused dental exam for 2024. Next dental appointment will be on 7/28/25 Arranged and completed on 7/11/25.</p>	<p style="text-align: center;">07/11/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Bedroom #1 – Low battery chirping alert signaling from smoke alarm</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 style="text-align: center;">Smoke detector battery changed</p>	<p style="text-align: center;">07/12/25</p>

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25 SEP	<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> , (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. <u>FINDINGS</u> Bedroom #1 – Low battery chirping alert signaling from smoke alarm	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Staff was interviewed & reminded to notify PCEs immediately or change change battery immediately if smoke alarm is chirping.</p>	<p style="text-align: center;">9/22/25</p>

Licensee's/Administrator's Signature: *Delia*

Print Name: Delia Cabingabang

Date: 08/08/25

Licensee's/Administrator's Signature: Delia D. Catingabang
Print Name: DELIA D. CATINGABANG
Date: 09/22/25

25 SEP 2025

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