

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cacal, Evelyn (ARCH)	CHAPTER 100.1
Address: 94-1161 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: June 9, 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).

JUN 22 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) – Per physical exam dated 5/6/25, physician evaluation states PCG is not able to cope with the added strain and responsibilities of caring for elderly and disabled persons</p> <p>Submit a copy of updated evaluation 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>Primary care physician updated the medical report for PCG on 06/10/2025 stating that PCG is able to cope with the added strain and responsibilities for caring for elderly and disabled persons.</p>	06/22/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) – Per physical exam dated 5/6/25, physician evaluation states PCG is not able to cope with the added strain and responsibilities of caring for elderly and disabled persons</p> <p>Submit a copy of updated evaluation 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> <p>Primary caregiver will create a training and requirements checklist and three months prior to the Annual Department of Health visit, primary caregiver will check to ensure that all requirements are up to date and accurate.</p> <p>This task has been added to the primary caregiver's March 2026 calendar.</p>	06/22/25

	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 6/12/24 to present states, “Mineral oil 3-5 drops once weekly to both ears to prevent wax impaction”; however, per MAR, dosage (number of drops) administered is not being documented</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">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>§11-100.1-15 <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 6/12/24 to present states, “Mineral oil 3-5 drops once weekly to both ears to prevent wax impaction”; however, per MAR, dosage (number of drops) administered is not being documented</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> <p>To prevent this deficiency from happening in the future, I have created a resident medication administration checklist to include a reminder to ensure that the exact dosage administered including the number of mineral oil drops, will be accurately documented in the resident’s MAR at the time of administration.</p> <p>I will refer to this checklist for all future medication administrations for each resident.</p> <p>Each resident’s medication orders, MAR, and medication labels will also be reviewed monthly by the primary caregiver to ensure that all information is complete, correct, and accurate.</p>	<p>07/13/25</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 11/18/24-2/18/25 stated, “Loratadine 10mg Tablet Take 1 tablet orally at night”; however, MAR shows medication was discontinued on 11/23/25 without a physician’s order until 2/18/25</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">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>§11-100.1-15 <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 11/18/24-2/18/25 stated, “Loratadine 10mg Tablet Take 1 tablet orally at night”; however, MAR shows medication was discontinued on 11/23/25 without a physician’s order until 2/18/25</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> <p>To prevent this deficiency from happening in the future, I have created a resident medication administration checklist to include a reminder to ensure that any changes to a resident's medication regimen are supported by a documented physician's order before implementation.</p> <p>I will refer to this checklist for all future medication administrations for each resident.</p> <p>Each resident's medication orders, MAR, and medication labels will also be reviewed monthly by the primary caregiver to ensure that all information is complete, correct, and accurate.</p>	<p>07/13/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current influenza or pneumococcal vaccinations</p> <p>Submit a copy of current vaccinations 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>Primary caregiver obtained a declination statement of current influenza and pneumococcal vaccinations by Resident #1 on 06/10/2025.</p>	<p style="text-align: center;">06/22/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current influenza or pneumococcal vaccinations</p> <p>Submit a copy of current vaccinations or declination statement 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> <p>To prevent this deficiency from happening in the future, I have created a resident annual requirements checklist to include a reminder of the following steps to ensure administration and proper documentation of all necessary immunizations for each resident.</p> <ol style="list-style-type: none"> 1. Review each resident's chart routinely to identify missing or out dated vaccination records. 2. Notify the resident's primary care physician promptly when immunizations are due or missing, and request appropriate orders. 3. Ensure all vaccinations administered are clearly documented in the resident's chart. <p>I will refer to this checklist for all future resident annual requirements.</p> <p>Three months prior to the Annual Department of Health's visit, the primary caregiver will also check to ensure that all resident requirements are up to date and accurate.</p> <p>This task has been added to the primary caregiver's March 2026 calendar.</p>	<p>07/13/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #2 – Admission assessment unavailable for admission on 5/31/25</p> <p>Resident #3 – Admission assessment unavailable for admission on 5/22/25</p> <p>Submit a copy 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>Primary caregiver completed documentation of admission assessments for Resident #2 and Resident #3 on 06/10/2025.</p>	<p style="text-align: center;">06/22/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #2 – Admission assessment unavailable for admission on 5/31/25</p> <p>Resident #3 – Admission assessment unavailable for admission on 5/22/25</p> <p>Submit a copy 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> <p>To prevent this deficiency from happening in the future, I have created a resident admission requirements checklist to include a reminder that during the admission of a resident to the ARCH, the primary caregiver will ensure that the admission assessment has been completed and available for review.</p> <p>I will refer to this checklist for all future resident admissions to the ARCH.</p> <p>Three months prior to the Annual Department of Health visit, the primary caregiver will also check to ensure that the assessment/plan of care for each resident is up to date and accurate.</p> <p>This task has been added to the primary caregiver's March 2026 calendar.</p>	<p>07/13/25</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><u>FINDINGS</u> Resident #2,3 – No documented evidence height measurement was obtained upon admission</p> <p>Submit a copy of height measurements 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>Primary caregiver assessed and obtained the height measurements for Resident #2 and Resident #3. Their height measurements have been documented on the current 2025 height and monthly weight record.</p>	<p>06/22/25</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><u>FINDINGS</u> Resident #2,3 – No documented evidence height measurement was obtained upon admission</p> <p>Submit a copy of height measurements 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> <p>To prevent this deficiency from happening in the future, I have created a resident admission requirements checklist to include a reminder that during the admission of a resident to the ARCH, the primary caregiver will ensure that the resident's height measurement has been obtained and available for review.</p> <p>I will refer to this checklist for all future resident admissions to the ARCH.</p> <p>The height and weight record for each resident will also be reviewed monthly by the primary caregiver to ensure that all information is complete, correct, accurate, and updated as needed.</p>	<p style="text-align: center;">07/13/25</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 Physician's order dated 11/18/25-2/18/25 stated, "Guaifenesin-DM 100-10mg/5ml. take 10ml. by mouth 3 times a day as needed for cough"; however, medication was administered three times a day from 11/15/24-11/22/24 without documentation of resident's response to medication after each dose administered.</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
☒	<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 – Physician's order dated 11/18/25-2/18/25 stated, "Guaiifenesin-DM 100-10mg/5ml. take 10ml. by mouth 3 times a day as needed for cough"; however, medication was administered three times a day from 11/15/24-11/22/24 without documentation of resident's response to medication after each dose administered.</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> <p>To prevent this deficiency from happening in the future, I have created a resident medication administration checklist to include a reminder to ensure that anytime a PRN medication is administered to a resident, the response to medication, effective or ineffective, will be documented on the MAR and progress notes.</p> <p>I will refer to this checklist for all future medication administrations for each resident.</p> <p>The medication record and progress notes for each resident will also be reviewed monthly by the primary caregiver to ensure that all information is complete, correct, and accurate.</p>	07/13/25

	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 – No documented evidence of current annual dental exam</p> <p>Submit a copy of completed annual 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>Primary caregiver obtained a declination statement of current annual dental exam by Resident #1 on 06/10/2025.</p>	06/22/25

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<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 – No documented evidence of current annual dental exam</p> <p>Submit a copy of completed annual exam or declination statement 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> <p><i>To prevent this deficiency from happening in the future, I have created a resident annual requirements checklist to include a reminder of the following steps to ensure proper documentation of annual dental examination for each resident.</i></p> <ol style="list-style-type: none"> <i>1. Review each resident's chart routinely to identify missing or outdated annual dental examinations.</i> <i>2. Notify the resident's dentist promptly when an annual dental examination is due and schedule an appointment.</i> <i>3. Ensure annual dental examination is clearly documented in the resident's chart.</i> <p><i>I will refer to this checklist for all future resident annual requirements.</i></p> <p><i>Three months prior to the Annual Report of Health visit, the primary caregiver will also check to ensure that all resident requirements are up to date and accurate.</i></p> <p><i>This task has been added to the primary caregiver's March 2026 calendar.</i></p>	<p style="text-align: right;"><i>07/13/25</i></p>

Licensee's/Administrator's Signature: Allen Gervacio

Print Name: Allen Gervacio

Date: 06/22/25

Licensee's/Administrator's Signature: Allen Gervacio

Print Name: Allen Gervacio

Date: 07/13/25