

Office of Health Care Assurance

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name: Carmelita's</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1020 Hapapa Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: November 13, 2025 Annual</b>

**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).**

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JAN 08 2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1—SCG has QuantiFERON-TB Gold lab results on file; however, the required 'TB Document F: State of Hawaii TB Clearance Form' was not completed for the annual tuberculosis clearance.</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>Yes, it has been corrected on 11/13/2025. I faxed the State of Hawaii TB Clearance Forms to the Doctor's office requesting them to fill up, sign, and return the form back to me.</p>	11/13/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1—SCG has QuantiFERON-TB Gold lab results on file; however, the required ‘TB Document F: State of Hawaii TB Clearance Form’ was not completed for the annual tuberculosis clearance.</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>I will have a checklist made to ensure that all family members and clients have their completed documents of TB clearance and I will ask my Substitute Care Giver to re-check the list.</p>	01/08/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Expired bottle of Char Siu marinade and salad dressing found in refrigerator. Both items were discarded at the time of inspection.</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>	

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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><b><u>FINDINGS</u></b>  No documented evidence indicating that a dental examination was arranged or offered to the resident within the past 12 months.</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>I told my client that I will find a dentist and made an appointment for him, but as usual, he refused. Then, I made a letter stating that he refused to see a dentist then he signed it.</p>	<p>11/14/25</p>

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JAN 08 2026

Licensee's/Administrator's Signature: Carmelita Casil

Print Name: Carmelita Casil

Date: Nov 20, 2025

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NOV 20 2025

Licensee's/Administrator's Signature: *Carmelita Casil*

Print Name: Carmelita Casil

Date: 01/08/2026

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