

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii, 96825	Inspection Date: February 5, 2026 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> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1, SCG #2, Household Member (HHM) #1, and HHM #2— No current background check was available for review. The most recent background check on file dates to 2023.</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><i>I have corrected this deficiency by scheduling and completing a background check / finger print for PCG, SCG 1+2, HHM I and HHM II, This is available for review and current.</i></p>	<p style="text-align: center;"><i>2/24/26</i></p> <p style="text-align: right;"><i>[Signature]</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (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.</p> <p>FINDINGS Resident #1— A physician order for tube feeding (Jevity 1.5, 237 mL, three times daily) was present; however, it was not entered into the Medication Administration Record (MAR). As a result, there is no documentation indicating whether the feeding was given, held, or refused by the resident.</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><i>Yes, I corrected the deficiency after my Nurse consultant left, It was written and documented into the Medication Administration Record (MAR) with dates and time.</i></p>	<p><i>2/24/26</i></p> <p style="text-align: right;"><i>Edwards</i></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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 — Physician orders for the following treatments were present, but there is no documentation that they were provided:</p> <ol style="list-style-type: none"> 1. Daily PEG site care (cleanse with normal saline, pat dry, apply T-drain gauze, and secure with tape) 2. Flush tube with 100 mL water before and after feeding 3. Flush tube with 30 mL water before and after medication 	<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><i>I have corrected the deficiency by ensuring that the PEG site care was properly documented in accordance with policy. I reinforced the required care procedures including flushing the PEG tube w/ 100ml of water before and after feeding and flushing the feeding tube with 30ml of water before and after medication administration. Ongoing monitoring has been implemented to ensure continued compliance w/ documentation and care standards.</i></p>	<p style="text-align: center;">2/24/26</p> <p style="text-align: right;"><i>J. Miller</i></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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1—PCG stated that the resident is at Adult Residential Care Home (ARCH) level. The document titled 'Resident Admission Medical and Personal History' had the ARCH box checked; however, Level of Care (LOC) assessment notated resident as Intermediate Care Facility (ICF) level. Documentations inconsistent and not align with the LOC assessment.</p> <p><i>Please reassess and clarify residents' LOC and provide a copy of the updated LOC along with this Plan of Corrections.</i></p>	<p style="text-align: center;">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 style="text-align: center;"><i>To correct this, the PCP assessed the patient and the correct documentation was updated to ensure consistency with the LOC assessment. The record now accurately reflects the Resident's appropriate level of care.</i></p>	<p style="text-align: center;">3/18/26</p> <p style="text-align: right;"><i>Shde</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1—General Operations Policy (GOP) not available for review.</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><i>I have provided my Resident and her family the written policies regarding General Operations Policy of Resident during the stay in the Type I ARCH, I have documented that the family signed that this procedure has been completed.</i></p>	<p><i>2/24/26</i></p> <p style="text-align: right;"><i>[Signature]</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1—Documentation of charges for services not available for review.</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><i>Yes, I corrected my deficiency I have provided my ARCH Policy to the Resident / Family a copy of the written home-care operation policy included the services I will rendered to the Resident orally and written explanation before the Admission.</i></p>	<p><i>2/24/26</i></p> <p style="text-align: right;"><i>[Signature]</i></p>

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Licensee's/Administrator's Signature: Edna F. Nicomedes
Print Name: Edna F. Nicomedes
Date: February 25, 2026

Licensee's/Administrator's Signature: Edna F. Nicomedes

Print Name: Edna F. Nicomedes

Date: March 18, 2026