Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Edgar Tuazon Care Home	**CHAPTER 100.1**
Address: **94-1117 Lumikuke Place, Waipahu, Hawaii, 96797**	**Inspection Date: June 5, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Resident #2: No documented evidence of annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We obtained the required annual physical exam documentation for Resident #2, and the results have been placed into the home record (binder). See attached annual 2025 Physical Exam*	6/6/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Resident #2: No documented evidence of annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use a checklist and calendar reminders to ensure that all required documents, including the annual physical exam record for Resident #2, are obtained and filed on time. This process will help prevent any missing documentation in the future.	6/6/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Resident #3: No documented evidence of annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We obtained the required annual physical exam documentation for Resident #3, and the results have been placed into the home record (binder). See attached annual 2025 Physical Exam*	6/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Resident #3: No documented evidence of annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use a checklist and calendar reminders to ensure that all required documents, including the annual physical exam record for Resident #3, are obtained and filed on time. This process will help prevent any missing documentation in the future.	6/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (c) Any individual providing services to the residents who develops evidence of an infectious disease shall be immediately relieved of any duties relating to food handling or direct resident contact, or both, and shall continue to be relieved of those duties until such time as a physician or APRN certifies it is safe for the individual to resume the duties. Undiagnosed skin lesions, respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease. **FINDINGS** Resident #1: No documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We obtained the required annual physical exam documentation for Resident #1, and the results have been placed into the home record (binder). See attached annual 2025 Physical Exam*	6/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (c) Any individual providing services to the residents who develops evidence of an infectious disease shall be immediately relieved of any duties relating to food handling or direct resident contact, or both, and shall continue to be relieved of those duties until such time as a physician or APRN certifies it is safe for the individual to resume the duties. Undiagnosed skin lesions, respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease. **FINDINGS** Resident #1: No documented evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use a checklist and calendar reminders to ensure that all required documents, including the annual physical exam record for Resident #1, are obtained and filed on time. This process will help prevent any missing documentation in the future.	6/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (c) Any individual providing services to the residents who develops evidence of an infectious disease shall be immediately relieved of any duties relating to food handling or direct resident contact, or both, and shall continue to be relieved of those duties until such time as a physician or APRN certifies it is safe for the individual to resume the duties. Undiagnosed skin lesions, respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease. **FINDINGS** Substitute care giver #1: No documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. We obtained the annual tuberculosis clearance for Substitute Caregiver #1, and the documentation has been placed in the home record (binder).	6/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (c) Any individual providing services to the residents who develops evidence of an infectious disease shall be immediately relieved of any duties relating to food handling or direct resident contact, or both, and shall continue to be relieved of those duties until such time as a physician or APRN certifies it is safe for the individual to resume the duties. Undiagnosed skin lesions, respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease. **FINDINGS** Substitute care giver #1: No documented evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will obtain the annual tuberculosis clearance for Substitute Caregiver #1 each year, and the documentation will be placed in the home record (binder) to ensure compliance.	6/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 and #2: progress notes do not include response to medication and diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. We updated the progress notes for Resident #1 and Resident #2 to include their responses to medication and diet. The corrections have been documented in their charts and are now up to date.	2/5/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 and #2: progress notes do not include response to medication and diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will ensure that all progress notes for each resident include responses to medication and diet. A checklist and monthly chart review will be used to verify that this information is consistently documented. Staff will also be reminded during care meetings to record residents' responses in detail. This will help maintain compliance and accuracy in resident records.	2/5/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1: No documented evidence of progress notes for February and March 2025.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. We completed and updated the missing progress notes for Resident #1 for February and March 2025. The documentation has been placed in the resident's chart and is now current.	2/1/2025 & 3/1/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1: No documented evidence of progress notes for February and March 2025.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will ensure that progress notes are completed and documented on a monthly basis for all residents. A calendar reminder and monthly record review will be used to verify that no progress notes are missed in the future.	2/1/2025 & 3/1/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Fire drill dates not documented for July, September and November 2024.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. We conducted and documented the missing fire drills for July, September, and November 2024. The dates and records have been entered into the fire drill log and placed in the home record.	7/1/24 9/1/24 & 11/1/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Fire drill dates not documented for July, September and November 2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will conduct and document fire drills every month under varied conditions and times of day. A calendar reminder and log review will be used to ensure no months are missed in the future.	7/1/24 9/1/24 & 11/1/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No documented evidence of fire drills for June 2024 and August 2024.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. We conducted and documented the missing fire drills for June 2024 and August 2024. The dates and records have been entered into the fire drill log and placed in the home record.	8/1/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No documented evidence of fire drills for June 2024 and August 2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will conduct and document fire drills every month under varied conditions and times of day. A calendar reminder and monthly review of the fire drill log will be used to ensure no drills are missed in the future.	8/1/2024

Licensee's/Administrator's Signature: _____

Print Name: EDGAR TUAZON

Date: SEPTEMBER 20, 2025