

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estabillo Adult Residential Care Home	CHAPTER 100.1
Address: 92-691 Paakai Street, Kapolei, Hawaii 96707	Inspection Date: February 12, 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).

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FEB 24 2026

	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 2/5/26 states, “Fluticasone Propionate 50mcg/actuation nasl spsn Sig: Use 1 spray in each nostril daily or use 2 sprays in each nostril daily for severe symptoms”; however, MAR shows medication is being administered as, “Nasacort 55mcg nasal spray Use 2 sprays in each nostril daily PRN”. Medication and dosage do not reflect physician’s orders and PRN indication unavailable.</p> <p>Submit a copy of updated physician’s order or MAR 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>Yes, I made a phone call and email for clarification with the PCP. PCP discontinued Nasacort. I also discontinued the Nasacort and transcribed Fluticasone Propionate 50 mcg in the MAR. See attached updated PCP order and updated MAR.</p>	<p>03/01/26</p>

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MAR 01 2026

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders were not reevaluated and signed every 4 months between 2/14/25 and 1/23/26 for the following medications: levothyroxine, atorvastatin, pantoprazole, aspirin, sertraline</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>	

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Licensee's/Administrator's Signature: M. Estabillo

Print Name: Mary Ann Estabillo

Date: 02/24/26

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