

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Faithcare Senior Hale	CHAPTER 100.1
Address: 1108 Gulick Avenue, Honolulu, Hawaii 96819	Inspection Date: July 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Household member (HM)- No documented evidence that the individual was examined by a physician annually, to certify that they are free of infectious disease. Last documented physical exam was 5/16/24.</p> <p>Please submit a copy of the physical exam with your 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>Household member Dorothea Tugas was seen by her PCP and acquired a document using ARCH form, stating that she is free of infectious disease dated 7/11/2025</p>	<p>07/11/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Household member (HM)- No documented evidence that the individual was examined by a physician annually, to certify that they are free of infectious disease. Last documented physical exam was 5/16/24.</p> <p>Please submit a copy of the physical exam with your 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>PCG will ensure that the household members will be examined by a physician annually to certify that they are free of any infectious disease. Google Calendar will be set up to provide a reminder that the annual non-infectious recertification is already due.</p>	07/11/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> HM- No documented evidence of an annual tuberculosis clearance. Last was documented 12/5/23.</p> <p>Please submit a copy of the TB clearance with your 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>Household member Dorothea Tugas was seen by her PCP and acquired a TB clearance on 7/11/25.</p>	<p>07/11/25</p>

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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><u>FINDINGS</u> HM- No documented evidence of an annual tuberculosis clearance. Last was documented 12/5/23.</p> <p>Please submit a copy of the TB clearance with your 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>PCG will ensure that the household members will have current TB clearance on file. Google Calendar will be set up to provide a reminder that the annual TB clearance is already due.</p>	07/11/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute caregiver (SCG) #1- No documented evidence that the SCG is trained by the primary care giver (PCG) to make prescribed medications available to the residents and properly record such action.</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>PCG has provided training, completed the ARCH training form, and filed it in the ARCH binder.</p>	<p>07/10/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute caregiver (SCG) #1- No documented evidence that the SCG is trained by the primary care giver (PCG) to make prescribed medications available to the residents and properly record such action.</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>PCG will ensure that all substitute caregivers have the proper training and documentation by completing a checklist of documents to be completed.</p>	07/10/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1- No documented evidence of a proper label for the following medications prescribed to the resident: Fish Oil 1000 mg capsule, Coenzyme Q10 100 mg capsule, and Vitamin D3 1000 units (25 mcg) capsule.</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>PCG created a proper label for the said medications to indicate the resident's name, medication order, and instructions.</p>	<p>07/10/25</p>

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<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>FINDINGS Resident #1- Physician ordered on 9/5/23 for Potassium Chloride 10 mEQ tablet "Take 1 tablet by mouth daily with breakfast"; however, the medication was consistently given at 6pm as evident on the June 2025 medication administration record (MAR).</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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☒	<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 ordered on 1/12/24 for Furosemide 20 mg tablet "Take 1 tablet by mouth daily on Mon, Wed, Fri, Saturdays"; however, the medication was either not given or held on Saturdays as evident on the June 2025 MAR for dates 6/7, 6/14, 6/21, and 6/28.</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>PCG will make sure that the medication with instructions matches the current MD order. PCG will need to review medications and reconcile them with the current MD orders on a monthly basis and as needed.</p> <p>To prevent issues related to medication, I, as the PCG, developed a checklist that includes the step "Reconcile medications with the Doctor's orders". This checklist will be kept in the care home binder and used during my monthly audits to make sure nothing is overlooked. I will also train my SCG to follow the same procedure. Google calendar was set up to provide reminder to PCG/SCG to review and review the checklist every 1st of the month and update the residents' and care home binder if needed.</p>	<p>07/10/25</p> <p>10/27/25</p>

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<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- Refresh eye tear drops was given multiple days as PRN in June 2025 with no documentation of effectiveness. Risperidone 0.5 mg tablet was given PRN at bedtime for agitation on 6/4, 6/5, 6/10, 6/11, 6/19, 6/20, 6/21, 6/26, and 6/27 as evident on the June 2025 MAR with no documentation of effectiveness.</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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<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- Refresh eye tear drops was given multiple days as PRN in June 2025 with no documentation of effectiveness. Risperidone 0.5 mg tablet was given PRN at bedtime for agitation on 6/4, 6/5, 6/10, 6/11, 6/19, 6/20, 6/21, 6/26, and 6/27 as evident on the June 2025 MAR with no documentation of effectiveness.</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>PCG will ensure that the medication effectiveness is being evaluated. PCG will update the MAR form to reflect the effectiveness of as-needed medications as per advisement by the RN consultant.</p>	07/10/25

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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)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1- No documented evidence of monthly weight recording from August 2024 to June 2025. 2. Resident #2- No documented evidence of monthly weight recording from August 2024 to December 2024. 	<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
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1- No documented evidence of monthly weight recording from August 2024 to June 2025. 2. Resident #2- No documented evidence of monthly weight recording from August 2024 to December 2024. 	<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>PCG will ensure that the residents' weights and height are assessed and recorded in the care home binder monthly. If the resident is unable to be weighed, PCG will need to obtain an MD order to measure mid-arm circumference instead. Order was acquired to do mid-arm circumference instead of weight for the specific resident.</p> <p>Order for resident #1 to measure MAC instead of weight was acquired from the PCP due to inability to stand on the weight scale.</p> <p>To prevent issues related to required care home forms, I, as the PCG, developed a checklist that includes the step "Check residents' weights or MAC if ordered". This checklist will be kept in the care home binder and used during my monthly audits to make sure nothing is overlooked. I will also train my SCG to follow the same procedure. Google calendar was set up to provide reminder to PCG/SCG to review and review the checklist every 1st of the month and update the residents' and care home binder if needed.</p>	<p>10/03/25</p> <p>10/27/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1- The symbol "H" was used multiple times in the June 2025 MAR with no explanation to explain what H means in the legend.</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
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1- The symbol "H" was used multiple times in the June 2025 MAR with no explanation to explain what H means in the legend.</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>PCG will make sure that the legends are updated for all the care home forms to include the legend explanation. PCG will need to check the care home forms and make sure that all symbols have a proper explanation in the form.</p>	07/10/25

	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><u>FINDINGS</u> Resident #1- Emergency information was not accurate and current and was last updated on 9/5/23.</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>PCG updated the emergency information for resident #1 to reflect any changes and make it current.</p>	<p>07/10/25</p>

	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><u>FINDINGS</u> Resident #1- Emergency information was not accurate and current and was last updated on 9/5/23.</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>PCG will need to ensure that the emergency information for every resident is checked every month and, as needed, for updates on the residents' information.</p> <p>To prevent issues related to required care home forms, I, as the PCG, developed a checklist that includes the step "Complete/ update Resident Emergency Information". This checklist will be kept in the care home binder and used during my monthly audits to make sure nothing is overlooked. I will also train my SCG to follow the same procedure. Google calendar was set up to provide reminder to PCG/SCG to review and complete the checklist every 1st of the month and update the residents' and care home binder if needed.</p>	<p>07/10/25</p> <p>10/27/25</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection.</p> <p>All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws;</p> <p><u>FINDINGS</u> Monthly smoke detectors log was not documented for the month of April 2025 and May 2025.</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>§11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection.</p> <p>All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws;</p> <p><u>FINDINGS</u> Monthly smoke detectors log was not documented for the month of April 2025 and May 2025.</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>PCG will need to ensure that smoke detectors are being checked monthly and reflected in the monthly smoke detector log form. PCG will create a checklist of forms to be checked monthly to remain in compliance with the required reports.</p>	07/10/25

Licensee's/Administrator's Signature: 

Print Name: Jun Lynard Tugas

Date: Oct 6, 2025

Licensee's/Administrator's Signature:  _____

Print Name: Jun Lynard Tugas _____

Date: Oct 6, 2025 _____



Jun Lynard Tugas

Oct 27, 2025