

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family	CHAPTER 89
Address: 94-035 Nawaakoa Place, Waipahu, Hawaii 96797	Inspection Date: October 29, 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
<input checked="" type="checkbox"/>	<p>§11-89-13 <u>Residents' rights.</u> (a)(6) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to:</p> <p>Be free from humiliation, harassment, threats, and chemical or physical restraints. Physical restraints may be used only in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician shall be notified as soon as possible and orders obtained for the care of the resident shall be followed;</p> <p><u>FINDINGS</u> Resident #2—Full bedrail was observed in use; no corresponding physician order documented on file.</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>Bedrail has been removed</p>	<p>11/05/2025</p>

RECEIVED
NOV 05 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-13 <u>Residents' rights.</u> (a)(6) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to:</p> <p>Be free from humiliation, harassment, threats, and chemical or physical restraints. Physical restraints may be used only in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician shall be notified as soon as possible and orders obtained for the care of the resident shall be followed;</p> <p><u>FINDINGS</u> Resident #2—Full bedrail was observed in use; no corresponding physician order documented on file.</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><i>From now on I will have a check list of what to do before I implement a retrain. Another CCG will double check the check list</i></p>	<p style="text-align: right;"><i>no</i> 11/05/2025 12/2/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> 10% Iodine bottle observed in resident's shared bathroom cabinet, unsecured.</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>Iodine has been discarded</p>	<p>11/05/2025</p>

RECEIVED
NOV 05 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> 10% Iodine bottle observed in resident's shared bathroom cabinet, unsecured.</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><i>I will post a reminder on bathroom cabinet to not leave cleaning materials ^{or} on cleaning materials. medications. I will check cabinet at the end of the day</i></p>	<p style="text-align: right;"><i>no</i> 11/05/2025 12/2/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p>FINDINGS Resident #1—Physician order stated: "Acetaminophen 325mg, 2 tablets every 4 hours, PRN." The bottle in resident's medication bin labeled: "Acetaminophen 325mg, 2 tablets every 4 hours, PRN for pain and fever." The indication for PRN use was not included in the physician's order.</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>Obtain a Physicians order to add Acetaminophen indication for pain and fever</i></p>	<p style="text-align: center;"><i>AD</i> 11/05/2025 12/02/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1—Physician order stated: "Acetaminophen 325mg, 2 tablets every 4 hours, PRN." The bottle in resident's medication bin labeled: "Acetaminophen 325mg, 2 tablets every 4 hours, PRN for pain and fever." The indication for PRN use was not included in the physician's order.</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><i>I will make a check list of the five right for medication</i></p>	<p style="text-align: right;"><i>LC</i> 11/05/2025 12/2/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(1) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>Records which identify the resident's name, social security number, marital status, date of birth, sex, next of kin or guardian, and religious preference, if any. A record of the address and telephone number of the referral agency or source by which the resident was admitted, the attending physician, dentist, and other medical or social service professionals who are currently involved in providing services to the resident, as well as a record of the agency responsible for financial payment, and the medical insurance plan;</p> <p><u>FINDINGS</u> Resident #1—No documented evidence of a financial statement signed by the guardian or resident on file.</p> <p><i>Please submit a copy of the completed financial statement with plan of corrections.</i></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>Mailed completed Financial A statement to consultant.</i></p>	<p style="text-align: center;">11/05/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(1) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>Records which identify the resident's name, social security number, marital status, date of birth, sex, next of kin or guardian, and religious preference, if any. A record of the address and telephone number of the referral agency or source by which the resident was admitted, the attending physician, dentist, and other medical or social service professionals who are currently involved in providing services to the resident, as well as a record of the agency responsible for financial payment, and the medical insurance plan;</p> <p>FINDINGS Resident #1—No documented evidence of a financial statement signed by the guardian or resident on file.</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><i>I will have an admission check list of what needs to be completed.</i></p>	<p style="text-align: right;"><i>fw</i> 11/05/2025 12/2/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1 and #2—No documented evidence of initial tuberculosis clearance signed by physician or APRN on file.</p> <p><i>Please submit a copy of the initial tuberculosis clearance with plan of corrections.</i></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>Mailed copy of TB to conducted</i></p>	<p style="text-align: center;"><i>D</i></p> <p style="text-align: center;">11/05/2025 <i>12/2/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1 and #2—No documented evidence of initial tuberculosis clearance signed by physician or APRN on file.</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><i>I will have a check list of admission check of what needs to be completed</i></p>	<p style="text-align: right;"><i>W</i> 11/05/2025 12/2/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> Resident #2—Full bedrail was in use; no documentation of resident observation related to bedrail use was found in progress note.</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>Bedrail was used for safety reasons. Bedrail was removed</p>	<p>11/05/2025</p>

RECEIVED
 NOV 05 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> Resident #2—Full bedrail was in use; no documentation of resident observation related to bedrail use was found in progress note.</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><i>I will document any event that are outside expected NORMS.</i></p>	<p style="text-align: right;"><i>163</i> 11/05/2025 12/2/25</p>

Licensee's/Administrator's Signature: *Nancy D. Olinarez*

Print Name: Nancy Jesusa D. Olinarez

Date: Nov 5, 2025

RECEIVED
NOV 05 2025

Licensee's/Administrator's Signature: Nancy Olinarez

Print Name: NANCY Olinarez

Date: Dec 2, 2025