

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Home Away From Home	CHAPTER 100.1
Address: 1321A Palolo Avenue, Honolulu, Hawaii 96816	Inspection Date: June 13, 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>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 was readmitted on 11/14/24. Care home policy was signed at initial admission only on 3/5/22.</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>On 6/24/2025, the residents responsible party has signed the Care Home Policy on her readmission date of 11/14/2024. A copy is enclosed.</p>	<p>6/24/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 was readmitted on 11/14/24. Care home policy was signed at initial admission only on 3/5/22.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have revised my care home admission and re-admission checklist in the care home binder and I will refer to this checklist during all future readmissions. Copy enclosed</p>	<p>6/24/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All in-service training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Substitute care giver (SCG) provided in-service training of 3.25 hours to primary care giver (PCG).</p> <p>Please submit evidence of total of six (6) hours of in-service training units with your plan of correction (POC). These hours will not count towards your 2026 annual inspection.</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 has completed 6 hours of in service as provided by Elizabeth Murphy, RN</p> <p>Copies enclosed:-</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Substitute care giver (SCG) provided in-service training of 3.25 hours to primary care giver (PCG).</p> <p>Please submit evidence of total of six (6) hours of in-service training units with your plan of correction (POC). These hours will not count towards your 2026 annual inspection.</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>In the future, to prevent this deficiency from occurring again all inservices will be provided by an Registered Nurse</p>	<p style="text-align: center;">25 JUL -9 11:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS Menu included fat free milk. Only 2% milk was available at home.</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>On 6/24/25, Care Giver purchased fat free milk as stated on the menu.</p>	<p style="text-align: center;">6/24/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS Menu included fat free milk. Only 2% milk was available at home.</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>In the future, only fat free milk will be purchased for residents. PCG to double check that only fat free milk is available in the refrigerator</p>	<p>6/24/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Resident #1 is on soft, regular, thin liquids ordered 11/20/24. There was no menu for the special diet.</p> <p>Please submit weekly menus (7 days) for the special diet for department 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>On 6/13/25 a telephone call order was clarified by her physician stating that she may have regular diet. Order placed in her medical chart (Copy enclosed)</p>	<p>6/13/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Resident #1 is on soft, regular, thin liquids ordered 11/20/24. There was no menu for the special diet.</p> <p>Please submit weekly menus (7 days) for the special diet for department review.</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>To prevent this from happening again, in the future, diet orders will be clarified in detail by the SCG and double checked by the PCG before filing into the medical chart.</p>	<p style="text-align: center;">6/13/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – “Ensure, one bottle daily” was listed in medication administration record (MAR). Available order “offer Ensure one bottle daily” was dated 4/24/24. There was no current order. Type of Ensure was not clarified.</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>On 6/13/25 a telephone order was received updating the order and clarifying the type as original. A copy is enclosed</p>	<p>6/13/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>, (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 -- "Ensure, one bottle daily" was listed in medication administration record (MAR). Available order "offer Ensure one bottle daily" was dated 4/24/24. There was no current order. Type of Ensure was not clarified.</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>To prevent this deficiency from happening in the future I have updated my admission/re-admission check list to include nutritional supplements with the type and order. Copy is enclosed</p>	<p style="text-align: center;">6/13/25</p>

	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> The order was Metoprolol Tartrate 25mg, 1 tab twice a day, hold if SBP<100, HR<60. "06/05 -- Held Metoprolol due to SBP<100 (SBP 92)" was noted in June 2025 MAR. HR was recorded as 80. Whether both SBP and HR need to meet the parameters was not clarified.</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>On 6/13/25 telephone order was clarified by her physician stating the parameters for the order Metoprolol Tartrate 25 MG. TO enclosed</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><u>FINDINGS</u> The order was Metoprolol Tartrate 25mg, 1 tab twice a day, hold if SBP<100, HR<60. "06/05 – Held Metoprolol due to SBP<100 (SBP 92)" was noted in June 2025 MAR. HR was recorded as 80. Whether both SBP and HR need to meet the parameters was not clarified.</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>To prevent this from happening again, in the future all medications with parameters will be clarified by the physician in detail.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #1 - "see attached" was handwritten in "RESIDENT ANNUAL PHYSICAL EXAMINATION RECORD" dated 11/20/24. Physician's notes 11/20/25 did not include information for standard physical exam. There is no other physical exam available. Thus, no current physical exam.</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>On 6/17/25 resident's annual PE has been updated and includes information as needed for standard physical exam. Copy is enclosed</p>	<p>6/17/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – “see attached” was handwritten in “RESIDENT ANNUAL PHYSICAL EXAMINATION RECORD” dated 11/20/24. Physician’s notes 11/20/25 did not include information for standard physical exam. There is no other physical exam available. Thus, no current physical exam.</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>To prevent this deficiency from happening in the future, I have updated my admission checklist to include information needed for standard physical examination record. Updated enclosed</p>	<p>6/17/25</p>

6/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)</p> <p>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 – “see attached” was noted for diagnoses and medication history in the emergency information sheet. There was no attachment.</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>On 6/24/25 the Emergency Information form has been completed with residents diagnosis and medical history updated Form included</p>	6/24/25

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<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 – “see attached” was noted for diagnoses and medication history in the emergency information sheet. There was no attachment.</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>To prevent this from happening again in the future, I have revised my admission policy to include medical diagnosis and medical history. See checklist attached</p>	<p>6/24/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 was readmitted on 11/14/24. Financial statement was signed at initial admission only on 3/5/22.</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>On 6/24/25 the residents responsible party has signed the Resident's Financial Statement on her re-admission date of 11/14/2024. A copy is enclosed</p>	6/24/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 was readmitted on 11/14/24. Financial statement was signed at initial admission only on 3/5/22.</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>To prevent this deficiency from happening in the future, I have revised my care home admission and re-admission checklist in the care home binder and I will refer to this checklist during all future re-admission. Copy enclosed</p>	<p style="text-align: center;">6/24/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D)</p> <p>Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries:</p> <p>FINDINGS</p> <p>Discharged resident's clothes were stored in resident's room #1.</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>On 6/13/25, Room#1, closet was cleared of all clothing donated previous discharged resident.</p>	<p>6/13/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Discharged resident's clothes were stored in resident's room #1.</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>In the future, rooms will be cleared immediately after a discharge of previous resident. PCG will double check</p>	<p style="text-align: center;">6/13/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (c)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident:</p> <p>FINDINGS In room #2, pillows did not have a plastic pillow protector. Resident's initials were written on the pillow during the inspection.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (c)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> In room #2, pillows did not have a plastic pillow protector. Resident's initials were written on the pillow during the inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, pillow protectors have been purchased and will be used to cover every resident's pillow- including personal pillows with their initial.</p>	<p>6/14/25</p>

Licensee's/Administrator's Signature: EMA Arellano

Print Name: EMA ARELLANO

Date: 07/09/2025

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