

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

26 FEB 27 10 56 AM '17

Facility's Name: J & A	CHAPTER 100.1
Address: 45-349 Kenela Street, Kaneohe, Hawaii 96744	Inspection Date: February 10, 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).

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - Medication list reviewed and signed by the physician on 9/25/25 included Albuterol HFA inhaler and Aerochamber (one-time stat dose) 1 stat without mask use, as per written instructions. However, these orders were not listed on the medication administration record (MAR) from September 2025 to present. According to the primary caregiver (PCG), the order was discontinued, but no physician's order confirming discontinuation was found in the record. <i>Submit documentation with your plan of correction (POC).</i>	<p style="text-align: center;">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>2/19/26 - MD notified and verified. Corrections are made for 9/25/25 visit.</p> <p>Please see attached copy of the documents after visit summary and corrected physician/APRN record obtained from PCP via fax.</p>	<p style="text-align: center;">2/19/26</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements: (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; FINDINGS Substitute care giver (SCG) #1 - There is no documented evidence that the RN case manager conducted training or competency review to ensure specialized care for Resident #1. Submit a copy with your POC.	<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>SCG #1 obtained and completed competency training services from the RN/case manager for resident #1. Please see attached copy completed and signed by an RN/case manager with SCG #1.</p>	<p style="text-align: center;">2/20/26</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services, (c)(2)</u> Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident. FINDINGS Resident #1 – Documentation of the RN case manager's January 2026 visit is unavailable for review. <i>Submit a copy with your POC.</i>	<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;">Please see attached copy "Health Action Plan" 10/11/2025 with completed documentation of an RN case manager pages 1-10 and resident POA noted.</p>	<p style="text-align: center;">26 FEB 27 10:56</p> <p style="text-align: center;">2/16/2026</p>

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<p><u>FINDINGS</u></p> <p>Resident #1 - Documentation of the RN case manager's January 2026 visit is unavailable for review.</p>	<p>I, Licensee with SCG 2, will ensure auditing care plan documentation using post-it notes monthly for collaboration with an RN + case manager prior to facility departure reducing documentation errors and ensuring timely completion.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; FINDINGS Resident #1 - Documentation of the RN case manager's January 2026 visit is unavailable for review. Submit documentation with your POC.	<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>Resident monthly monitoring is current. POG obtained 2/16/2026 a completed copy of the documentation for resident #1 case manager's monthly visit via email.</p> <p>Please see attached copy "monthly monitoring" January 28, 2026 RN case managers visit for resident #1.</p>	<p style="text-align: center;">2/16/2026</p> <p style="text-align: center;">2/26/2026</p>

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Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 2/24/24

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
STATE LICENSING
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