

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ligaya Navasca Dom Home, LLC	CHAPTER 89
Address: 99-058 Upapalu Drive, Aiea, Hawaii 96701	Inspection Date: December 22, 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.**

RECEIVED  
JAN 05 2026

	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><b><u>FINDINGS</u></b> Resident #1—Medication Administration Record (MAR) and medication bottle list: "Creon 36,000 units, 1-2 cap PO TID with meals; 1 cap with snack BID." Physician order dated 12/16/25 states: "Creon 36,000 units 1 cap PO TID with meals." MAR and bottle do not match physician order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I updated the Medication Administration Record (MAR) to match with the physician order and I attached a copy of the physician order dated 12/16/2025 to the bottle.</p>	<p>12/22/2025P M</p>

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Licensee's/Administrator's Signature: Ligaya Navasca

Print Name: Ligaya Navasca

Date: 01/05/2026

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