

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa View Carehome LLC	CHAPTER 100.1
Address: 2625 Ferdinand Avenue, Honolulu, Hawaii, 96822	Inspection Date: November 10, 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).**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 Licensing, (b)(1)(i) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b>FINDINGS</b> Substitute Care Giver (SCG) #1—No annual background check documented on file. Field print (APS,CAN, fingerprinting) dated 3/20/2024. E-Crim dated 10/7/2025; Does not meet DOH requirement.</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>Informed SCG of deficiencies and scheduled appointment for all required background checks (APS, CAN, fingerprinting, E-crim) after results were obtained it was placed in the staff file.</p>	<p>11/29/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Substitute Care Giver (SCG) #1—No annual background check documented on file. Field print (APS,CAN, fingerprinting) dated 3/20/2024. E-Crim dated 10/7/2025; Does not meet DOH requirement.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, PCG will be responsible for the ongoing oversight of all required documentation for caregivers. I have set up online calendar reminders to notify 60 days and 30 days prior to the expiration of any requirements. Additionally, I have created a continuous log to track dates for TB tests, background checks, physical exams, and other necessary items for all caregivers. New hires will not begin work until all required documents have been submitted to me for filing.</p>	<p style="text-align: center;">12/30/25</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition, (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.  <u>FINDINGS</u> Only 2% milk observed in refrigerator; not recommended for care home residents.	<p style="text-align: center;">PART I</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>1. Removed the 2% milk from the refrigerator immediately.</p> <p>2. Replaced it with DOH-approved milk option, such as 1% or skim milk, depending on resident dietary needs.</p>	<p style="text-align: right;">11/15/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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><b><u>FINDINGS</u></b>  Only 2% milk observed in refrigerator; not recommended for care home residents.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, PCG has trained all caregivers on national dietary guidelines and to use the posted food list as a reference for shopping for resident groceries. I have a current food list posted the refrigerator as reference for all caregivers. PCG will also reach out to dietician for approved substitute meals when residents refuse what is offered.</p>	<p style="text-align: center;">12/30/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b)            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>            "Triple Antibiotic Ointment" medication found in first aid kit. Medication removed at the time of inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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☒	<p>§11-100.1-15 <u>Medications.</u> (b)            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><b><u>FINDINGS</u></b>            “Triple Antibiotic Ointment” medication found in first aid kit. Medication removed at the time of inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward All caregivers or new hires will receive verbal and written education during on boarding,staff meetings.</p> <ul style="list-style-type: none"> <li>• Medicated creams are considered medications</li> <li>• Proper storage locations for medications</li> </ul> <p>The Medication Management Policy will be updated to clearly state: No medications may be stored in first aid kits.</p> <p>The PCG will be responsible in Ensuring first aid kits contain only non-medicated supplies,verifying all medicated creams have proper orders.</p> <p>To prevent recurrence,laminated warning signs will remain permanently affixed to first aid kits.</p> <p>PCG will conduct weekly inspection logs that will be reviewed monthly .</p>	<p style="text-align: center;">12/30/2025</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) 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.  <u>FINDINGS</u> "Ozempic" medication found in refrigerator, unsecured.	<p style="text-align: center;"><b>PART I</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>① The Ozempic medication found in the refrigerator has been immediately removed, properly labeled, and stored according to OOH requirements</p>	<p style="text-align: center;">(G)</p> <p style="text-align: center;">11/10/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b)            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><b>FINDINGS</b>            "Ozempic" medication found in refrigerator, unsecured.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, all refrigerated medications will be clearly labeled with the resident's name, dosage instructions, and date. A designated medication storage area has been created, and no medication will be placed in the refrigerator unless it is labeled first. Staff have been retrained on proper medication labeling and storage procedures to ensure this does not happen again.</p>	<p>11/10/25</p> <p>11/10/25</p>

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☑	<p>§11-100.1-15 Medications, (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> Resident #1—Per PCG, after visit summaries (AVS) are used to update medications quarterly. Medication administration record (MAR) and medication bottles do not match with AVS dated 8/8/2025. Medication orders from AVS listed medication as follows:  <ul style="list-style-type: none"> <li>- Acetaminophen extra strength 500mg Tablet</li> <li>- Amoxicillin 500 mg Cap</li> <li>- Carvedilol 6.25mg tablet</li> <li>- Diclofenac sodium 1% Gel</li> <li>- Sennosides/docusate sodium 8.6/50mh tablet"</li> </ul> MAR and medication bottles written as follows:  <ul style="list-style-type: none"> <li>- "Acetaminophen Extra Strength 500mg tablet; Give 2 tablets(1000mg) by mouth every 8 hours as needed for pain or fever</li> <li>- Amoxicillin tab; take 4 tablets by mouth 1 hr before scheduled appointment only</li> <li>- Carvedilol(COREG) 6.25 mg tablet; take 1 tab by mouth two times per day. Hold for SBP&lt;100 or HR&lt;55 for hypertension.</li> <li>- Diclofenac Sodium(Voltaren) 1% gel; Apply topically. Apply to right foot topically two times a day for pain.</li> <li>- Senna 8.6mg/docusate sodium 50mg take 2 tabs by mouth two times daily. Hold for loose stool.</li> </ul> </p>	<p style="text-align: center;"><b>PART I</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>1. update the MAR to match the most current AVS orders <del>(instructions)</del> <sup>(MAR)</sup> exactly.</p> <p>2. Reviewed all medication bottles and verified they match the AVS instruction.</p> <p>3. Contacted the PCG/physician to clarify discrepancies and ensure all orders are accurate and up to date.</p> <p>4. Replaced any outdated AVS documents in the chart and ensure only the most recent one remains.</p>	<p style="text-align: right;">11/29/25</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1—Per PCG, after visit summaries (AVS) are used to update medications quarterly. Medication administration record (MAR) and medication bottles do not match with AVS dated 8/8/2025. Medication orders from AVS listed medication as follows:  <ul style="list-style-type: none"> <li>- Acetaminophen extra strength 500mg Tablet</li> <li>- Amoxicillin 500 mg Cap</li> <li>- Carvedilol 6.25mg tablet</li> <li>- Diclofenac sodium 1% Gel</li> <li>- Sennosides/docusate sodium 8.6/50mh tablet</li> </ul> MAR and medication bottles written as follows:  <ul style="list-style-type: none"> <li>- Acetaminophen Extra Strength 500mg tablet; Give 2 tablets(1000mg) by mouth every 8 hours as needed for pain or fever</li> <li>- Amoxicillin tab; take 4 tablets by mouth 1 hr before scheduled appointment only</li> <li>- Carvedilol(COREG) 6.25 mg tablet; take 1 tab by mouth two times per day. Hold for SBP&lt;100 or HR&lt;55 for hypertension.</li> <li>- Diclofenac Sodium(Voltaren) 1% gel; Apply topically. Apply to right foot topically two times a day for pain.</li> <li>- Senna 8.6mg/docusate sodium 50mg take 2 tabs by mouth two times daily. Hold for loose stool.</li> </ul> </p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Preventing Disconnect Between MARs and Physician Orders To prevent future discrepancies, the following system will be implemented: The facility will use the Physician/APRN Medication Order Sheet. All medications will be reviewed and signed by a licensed physician or APRN, Filed in the resident's medication record and No medication will be administered without a signed order on file. Monthly medication audits will be conducted to ensure: MARs match physician/APRN orders and all orders are current and signed  <ul style="list-style-type: none"> <li>• Additional reviews will occur with any medication change, upon hospital discharge and/or after physician appointments</li> </ul> PCG will educate all caregivers/new hires involved in medication documentation and administration on:  Prohibition of AVS use for medication orders  Proper use of physician-signed order sheets,  Importance of matching MARs to current orders  To Prevent recurrence:The Physician Order Sheet will be used permanently.AVS documents may only be kept as reference information and not as medication orders.</p>	<p style="text-align: center;">12/30/2025</p>

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<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><b>FINDINGS</b> Resident #1—No documented annual physical exam on file.</p>	<p style="text-align: center;">PART 1</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>Scheduled an appointment and obtained the resident's physical exam from the primary care provider and placed it in the <del>MR</del> Resident's files 11/15/25</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports, (b)(1)</u> 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><b>FINDINGS</b> Resident #1—No documented annual physical exam on file.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Reminders will be set for 60 days and 30 days before fee expiration so physical exams are not missed.</p>	<p>11/15/25</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—Monthly progress notes dated on 12/15/24, 1/30/25, 3/25/25, and 4/29/25 do not include observations of the resident's response to medication.</p>	<p style="text-align: center;">PART I</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>Reviewed the resident's progress notes and updated form to include observation of medication response, including effectiveness and any side effects.</p>	<p>11/15/25</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><b><u>FINDINGS</u></b> Resident #1—Monthly progress notes dated on 12/15/24, 1/30/25, 2/25/25, and 4/29/25 do not include observations of the resident's response to medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward the PCG will be responsible for ensuring the Monthly Medication &amp; Treatment Response Observation Tool is completed for each resident, Reviewing forms for completeness and accuracy, Initiating follow-up actions when changes or concerns are identified.</p> <p>The tool will be completed once every calendar month for each resident, within the first seven (7) days of each month. Completion is required regardless of whether medication changes occurred during the month and initialed by PCG. When changes or adverse responses are identified observations will be documented, Physician/APRN will be notified, updated orders will be obtained and documented.</p> <p>To prevent recurrence: The Monthly Medication &amp; Treatment Response Observation Tool will be permanently integrated into monthly clinical documentation requirements and will be reviewed monthly by the PCG.</p> <ul style="list-style-type: none"> <li>• New staff will be trained on the tool during orientation.</li> <li>• Missing or incomplete documentation will be corrected immediately upon identification</li> </ul>	<p style="text-align: center;">12/30/2025</p>

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Licensee's/Administrator's Signature: Maria Madga

Print Name: Maria Madga

Date: 12-05-2025

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Licensee's/Administrator's Signature: Marilou Mendoza

Print Name: Marilou Mendoza

Date: 12/30/2025

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