

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marconela Care Home	CHAPTER 100.1
Address: 94-355 Paiwa Street, Waipahu, Hawaii 96797	Inspection Date: October 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Primary caregiver (PCG) – Current TB clearance unavailable</p> <p>Submit a copy with plan of correction</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 contacted PCP for a TB clearance. Attached copy of TB clearance signed by PCG's PCP. Clearance completed 10/15/2025</p>	<p>10/15/25</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> Resident #1 – Physician’s order dated 7/2/25 states, “Acetaminophen (CHILDREN’S PAIN-FEVER RELIEF) 160mg/5mL Oral Susp Take 20.3mL by mouth 3 times a day as needed for pain”; however, per medication administration record (MAR) from 8/1/25 to present day, the medication is being made available as “CHILDREN ACETAMINOPHEN 160MG/5ML SUSPENSION Take 20.3mL by mouth 3X/Day for pain”</p> <p>Submit a copy of revised MAR with plan of correction.</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>Made correction on MAR indicating Acetaminophen (Children's Pain-fever relief) 160mg/5ml Oral Susp. Take 20.3mL by mouth 3x a day as needed or pain.</p>	<p>10/10/25</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 – 6/2025 monthly progress note does not include resident's observed response to medications</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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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – The following abbreviated letters used on the MAR without a legend provided for such letters/abbreviations: I/E, E, L</p> <p>Resident #1 – The abbreviation “H” documented in MAR on 7/1/25 for Amlodipine medication; however, per legend, “H” means “hospitalization” and no documented evidence resident was hospitalized on 7/1/25</p> <p>Resident #1 – The abbreviation “R” as a location or administration; however, per legend “R” means “refused”. No documented evidence resident is refusing medication every other day in progress notes.</p> <p>Submit a copy of revised MAR legend with plan of correction.</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 added legends on residents MAR</p> <p>I/E "E" Effective and "I" Ineffective, eliminated L for Left change to "Lt"</p> <p>"WH" for Holding meds when BP parameters were not met.</p> <p>"Rt for Right and "Lt" for left, for location for alternating nostrils.</p>	<p>10/10/25</p>

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Licensee's/Administrator's Signature: Palapala

Print Name: Joycelyn Palapala

Date: 10/28/25

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