

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Martin's Care Home	CHAPTER 100.1
Address: 1549 Lehia Street, Honolulu, Hawaii 96818	Inspection Date: February 2, 2026 Initial

**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>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Food items (e.g., rice bags, snacks, condiments, bottled water) stored directly on kitchen pantry floor</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>PCG/SCG will ensure all the food were stored at least 6 inches above the floor to maintain cleanliness/sanitary and to prevent from any food contamination. PCG created new shelves designated for food item storage. PCG educated all the certified caregivers to make sure all the food items were stored in the shelves that were designated to the food items section as part of their responsibilities based on the sanitary food guidelines.</p>	02/28/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Food items (e.g., rice bags, snacks, condiments, bottled water) stored directly on kitchen pantry floor</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>PCG will place a reminder and be posted outside the food pantry. "All food items must be stored off the floor at least 6 inches to prevent food contamination. *PCG will conduct In-services/education to all certified caregivers properly storing the food items based on the standard practice.</p>	<p>02/02/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Gallon sized Ziploc of frozen meat defrosting on kitchen counter at room temperature</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>PCG conducted education to all the certified caregivers how to handle frozen food by properly defrosting it prior cooking to maintain food freshness and to prevent food contamination based on the standard food sanitation guidelines. PCG will conduct In-services quarterly to all certified caregivers to ensure they will be able to follow the standard food sanitary practice.</p>	<p>02/28/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Gallon sized Ziploc of frozen meat defrosting on kitchen counter at room temperature</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>PCG will conduct in-services/education to other certified caregivers in how to prefer food by putting a reminder in front of the refrigerator like the standard defrosting for the small meat for at least 24 hours period. This procedure will maintain the proper handling of the frozen food prior cooking.</p>	<p>02/02/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Medication label states, “Acetaminophen 325mg Tabs Take 2 tabs by mouth every 6 hours as needed”; however, PRN indication unavailable. Medication label is incomplete.</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>PCG contacted doctor office to verify medication “ Acetaminophen 325 mg tab: Take 2 tabs by mouth every 6 hours as needed for pain/fever</p> <ul style="list-style-type: none"> <li>● PCG received a new order of Acetaminophen PRN for pain/fever.</li> <li>● Resident #1 has a new label of Acetaminophen prn with indication when to administer the medication per MD’s/APRN order. New order was noted in the MAR.</li> </ul>	<p>02/02/26</p>

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	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><b>FINDINGS</b> Resident #1 – Physician’s order dated 1/17/26 states, “Magnesium glycinate 200mg sig: 2po daily qpm” (total 400mg); however, dosage on bottle label states 240mg per serving (serving size: 2 capsules), and per MAR, resident is receiving 2 capsules (240mg). Amount being administered does not reflect physician’s 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>PCG contacted the primary physician to get a new order to match the dosage on the bottle label. Magnesium Glycinate has been labeled correctly with the proper dosage and medication instructions as ordered by the physician.</p>	02/28/26

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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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/17/26 states, “Tylenol Tab 325 mg sig: 2 tablets orally every 6 hours as needed”; however, PRN indication unavailable. Medication order incomplete; additionally, MAR shows medication is being made available without a prescribed reason</p> <p>Submit a copy of updated physician’s order and MAR with plan of correction.</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>PCG contacted the doctor office to verify medication order of Tylenol 325 mg tab; Take 2 tabs by mouth every 6 hrs as needed for pain/fever.</p> <ul style="list-style-type: none"> <li>● PCG received a new order of Tylenol PRN for pain/fever. See attached sheet for order details.</li> <li>● Resident #1 has a new order label of Tylenol PRN with the indication when to administer the medication based on resident manifestation symptoms per MD/APRN order. Noted in the MAR, see Attached updated MAR.</li> </ul>	<p>02/02/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Initial and annual TB clearance unavailable for review</p> <p>Submit a copy with plan of correction.</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>PCG contacted the resident Physician office to verify the initial and annual TB clearance.</p> <ul style="list-style-type: none"> <li>● Resident #2 Initial annual TB screening/clearance were obtained and filled in the resident binder.</li> <li>● TB clearance screening was completed on 02/09/26.</li> <li>● See attached copy.</li> </ul>	<p>02/09/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Resident #1,2 – Surveillance camera consent does not include the following required information:</p> <ul style="list-style-type: none"> <li>• Where the monitor will be located</li> <li>• Duration of use of the surveillance monitor and if used 24 hours a day/7 days a week, the procedure for ensuring privacy and dignity during personal care and/or treatment, and visits with family, spouse, and/or friends</li> <li>• Plan for monitoring the use of surveillance cameras</li> <li>• Right of the resident/legal representative to decline the use of cameras</li> </ul> <p>Submit a copy of revised and signed consents with plan of correction.</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>The surveillance camera consent form has been revised and updated.</p> <ul style="list-style-type: none"> <li>• See attached revised signed consent for details.</li> </ul>	02/11/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Resident #1,2 – Surveillance camera consent does not include the following required information:</p> <ul style="list-style-type: none"> <li>• Where the monitor will be located</li> <li>• Duration of use of the surveillance monitor and if used 24 hours a day/7 days a week, the procedure for ensuring privacy and dignity during personal care and/or treatment, and visits with family, spouse, and/or friends</li> <li>• Plan for monitoring the use of surveillance cameras</li> <li>• Right of the resident/legal representative to decline the use of cameras</li> </ul> <p>Submit a copy of revised and signed consents with plan of correction.</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>PCG will ensure the surveillance camera has been explained to the resident and legal guardians which include the right of privacy and dignity to each resident.</p> <ul style="list-style-type: none"> <li>• PCG will use an admission packet to each resident that will be admitted in the care home and the surveillance camera consent will be part of this admission packet to protect resident privacy act.</li> <li>• PCG will continue to educate all certified caregivers regarding resident privacy acts every 6 months or as needed. Will use a google calendar to set reminders</li> <li>• See attached sheet.</li> </ul>	02/11/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Resident #1,2 – Surveillance monitor stored on kitchen island counter visible to public viewing</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>Surveillance monitors were removed from the kitchen area and moved to the caregivers working station for the purpose of resident respect to their privacy based on the privacy act practice.</p>	02/11/26

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Licensee's/Administrator's Signature: Wency Martin

Print Name: Wency MARTin

Date: 02/12/26

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Licensee's/Administrator's Signature: Wency Martin

Print Name: Wency Martin

Date: 02/28/26

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