

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Melody R. Chapman Residential Care Home	CHAPTER 100.1
Address: 94-880 Lumiiki Street, Waipahu, Hawaii 96797	Inspection Date: July 23, 2025 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).

	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><u>FINDINGS</u> Substitute care giver (SCG) #2 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (POC).</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>Tb for SCG 2 will be emailed directly as document will not attach.</p>	10/20/2025

	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><u>FINDINGS</u> Substitute care giver (SCG) #2 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, i will ensure that all required documents are complete. I will create a checklist or table of content outlining the necessary documents to be finalized before start date. Additionally, i will use my daily scheduling book to set reminders ensuring that this situation does not happen again.</p>	10/20/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No record that primary care giver (PCG) trained SCG #1 to make prescribed medication available to residents.</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>SCG 1 trained to make prescribed medication available to residents on 7/23/25 dated and signed.</p>	<p>07/23/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No record that primary care giver (PCG) trained SCG #1 to make prescribed medication available to residents.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, during onboarding of SCG's. All SCG's will be trained to ensure prescribed medication are available before their employment start date. Training will be logged and filed and I will also use my daily scheduling book to set reminders, ensuring this situation does not occur again.</p>	10/20/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Posted menu was stir fried veg with beef, corn, string beans, kabocha, fresh fruit in season, enr/wg brown rice, mayonnaise. Lunch provided was chicken salad sandwich with ww bread, kale salad, corn, and tangerine. Menu substitution was not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Posted menu was stir fried veg with beef, corn, string beans, kabocha, fresh fruit in season, enr/wg brown rice, mayonnaise. Lunch provided was chicken salad sandwich with ww bread, kale salad, corn, and tangerine. Menu substitution was not recorded.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, the pcg will ensure that meals are provided according to the menu and offer appropriate substitution if a resident does not like the listed items. If a menu substitution is given, I will document it on the substitution menu form. I will also train the scg how to properly document menu substitution.</p>	07/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Approximately a half gallon of fat free milk was available at home. Not enough for four (4) residents for three (3) days.</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 went grocery shopping and purchased FF milk for all 4 residents. The amount FF milk bought is sufficient to meet all 4 residents needs for approximately 3 days.</p>	07/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Approximately a half gallon of fat free milk was available at home. Not enough for four (4) residents for three (3) days.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, if residents FF Milk option is not available. Residents will be offer calcium substitution like yogurt, cheese, soy milk, pudding and pcg will contact Ms. Annette Jackson to ask for reference.</p>	07/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 is on cardiac diet ordered 7/10/25. Regular diet was provided for lunch. There was no menu for the special diet.</p> <p>Please submit weekly menus (7 days) for department review.</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 sent an email to Ms. Annette Jackson requesting guidance on providing a cardiac diet. Ms. Annette Jackson responded stating that a cardiac diet consist of low saturated fat, low cholesterol and 2 gram sodium restriction. She also recommended considering the services of a consultant registered dietitian for assistance with the menu planning and special diets to local carehome groups may be helpful resources for finding consultant. Since the resident is scheduled to leave by the end of the month and if the PCG is unable to provide the required special diet resident will not be admitted in the carehome.</p>	07/29/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 is on cardiac diet ordered 7/10/25. Regular diet was provided for lunch. There was no menu for the special diet.</p> <p>Please submit weekly menus (7 days) for department review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, if a resident requires a cardiac diet. I will ensure that the appropriate special diet is available at the time of admission. I will also contact Ms. Annette Jackson to assist me in the preparing the correct menu for any residents requiring a special diet.</p>	<p>07/29/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – In admission assessment dated 6/16/25, diet was recorded as regular. Order at admission was “No added salt” dated 5/29/25. No record that no added salt diet was provided. “Regular” diet was ordered on 7/2/25.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – In admission assessment dated 6/16/25, diet was recorded as regular. Order at admission was “No added salt” dated 5/29/25. No record that no added salt diet was provided. “Regular” diet was ordered on 7/2/25.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, if a resident requires a special diet. I will ensure that the appropriate dietary accommodations are in place at the time of admission. I will set a reminder on my daily scheduling book one week prior to the admission date to confirm that the special diet is provided. Additionally, i will contact Ms. Annette Jackson for assistance in preparing the correct menu. If needed, i will seek support to explore hiring a consultant registered dietician to provide these services.</p>	<p>10/20/2025</p>

	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><u>FINDINGS</u> Resident #1 – Medication bottles of Melatonin 5mg and Fish Oil did not have labels.</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>OTC fish oil and melatonin were labelled with resident name, route and dosage administration.</p>	07/23/2025

	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><u>FINDINGS</u> Resident #1 – Medication bottles of Melatonin 5mg and Fish Oil did not have labels.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, all OTC medication must be label with resident name, route, dosage upon admission.</p>	<p>07/23/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Unlabeled open Mucinex liquid bottle was stored unsecured in refrigerator door. Removed by PCG during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Unlabeled open Mucinex liquid bottle was stored unsecured in refrigerator door. Removed by PCG during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to ensure a medication safety and compliance, all unlabeled medication will be stored in the locked box, either in the refrigerator or within the designated medication lock cabinet. I will conduct daily checks to confirm that all medications both labeled and unlabeled are properly secured. To reinforce this protocol, I will set a daily reminder and post a clearly visible notice for families and SCG's, stating that all medications must be stored in the locked box at all times. This measure will help prevent errors, protect residents and maintain regulatory standards.</p>	<p>10/20/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – Current order included Losartan 25mg, take 25mg by mouth daily. Not listed in July 2025 medication administration record (MAR).</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>Listed losartan 25mg take 1 tablet by mouth daily on the MAR on the day of visit.</p>	07/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1 – Current order included Losartan 25mg, take 25mg by mouth daily. Not listed in July 2025 medication administration record (MAR).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, i will ensure to F/up with the physician as needed. I have also set a reminder in my tab book to review and match med list with the MAR on the 1st day of every month.</p>	07/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1 – Order at admission dated 5/29/25 was “venlafaxine XR (EFFEXOR XR) 150mg, Oral DAILY, Start with 3 caps daily for 2 weeks, then increase to 4 caps daily if needed.” Per PCG, family reported that the resident was taking four (4) caps per day at admission on 6/16/25. Four (4) caps continued to be administered since admission. The number of tablets that the resident takes was not recorded in MAR or progress notes.</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 documented the changes in medication dosage in the progress note. Verified the updated dosage with the physician on 07/10/2025 to ensure accuracy regarding the medication the resident is currently taking.</p>	<p>07/23/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – Order at admission dated 5/29/25 was “venlafaxine XR (EFFEXOR XR) 150mg, Oral DAILY, Start with 3 caps daily for 2 weeks, then increase to 4 caps daily if needed.” Per PCG, family reported that the resident was taking four (4) caps per day at admission on 6/16/25. Four (4) caps continued to be administered since admission. The number of tablets that the resident takes was not recorded in MAR or progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, upon admission make sure to write progress note with any changes to current medication and also F/up with physician as needed for any question, clarification, or concern regarding resident medication changes. Always request and obtain a physician note for the medical record.</p>	07/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In permanent resident register, "Religion" was not recorded for one current resident. "Diagnosis" was not recorded for three current residents. "Admitted From" was not recorded for all four residents.</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 completed and recorded the religion, diagnosis and admission from all 4 residents in the register carehome binder.</p>	07/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In permanent resident register, "Religion" was not recorded for one current resident. "Diagnosis" was not recorded for three current residents. "Admitted From" was not recorded for all four residents.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, upon each admission, I will ensure that the "Resident Register is accurately completed for both admission and discharges. To maintain consistency and compliance. I will set a reminder on my daily scheduling book to complete the "Resident Register" promptly at the time of admission or discharge. Additionally, I will prepare paperwork in advance and have it organized at the my desk prior to the resident arrival or discharge. This process will support a smooth transition and accurate record-keeping</p>	10/20/2025

Licensee's/Administrator's Signature: Melody R Chapman

Print Name: Melody R Chapman

Date: Oct 7, 2025

RECEIVED
OCT 07 2025

Licensee's/Administrator's Signature: Melody R Chapman

Print Name: Melody R Chapman

Date: Oct 20, 2025

21
22
23
24