

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Morning Glory Care Home	CHAPTER 100.1
Address: 91-1531 Keonekapu Street, Ewa Beach, Hawaii 96706	Inspection Date: June 2, 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).

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING
SEP 23 07:04

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<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 style="text-align: center;">Ecrim document were obtained for SCG#5. Document is now filed in home binder.</p> <p style="text-align: right;">06/09/25</p> <p style="text-align: right;">'25 SEP 23 A7 :04</p> <p style="text-align: right;">STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §1-100.1-3 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>FINDINGS Substitute Care Giver (SCG) #5 – No current documented evidence indicating aforementioned care giver has no prior felony or abuse convictions in a court of law, on file.</p>	

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
06/09/25 '25 SEP 23 A7 :04 STATE LICENSING	<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 set a reminder that is a month prior to the expiration date of SCG#5 Ecrim document. SCG#5 will be informed and told to get an updated one no later than a month from expiration date. Once completed, I will obtain a copy and file it into the home binder.</p>	<p><input checked="" type="checkbox"/> §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>FINDINGS SCG #5 – No current documented evidence indicating aforementioned care giver has no prior felony or abuse convictions in a court of law, on file.</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p>06/09/25</p> <p style="text-align: right;">*25 JUN 12 P1:36</p> <p style="text-align: right;">STATE P... ALL STATE LICENSING</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>House hold Member #1 has obtained a physical examination clearance from their physician. Form is now filed in home binder.</p>	<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u></p> <p>(a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS House Hold Member (HHM) #1 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN) on file.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> HHM #1 – No documented evidence of a current physical examination clearance by a physician or APRN on file.</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>As the primary care giver, I will put a reminder in my phone's calendar a month prior to the expiration date of HHM#1's physical exam clearance, therefore giving them time to obtain a current one before the expiration date.</p>	<p>25 JUN 12 P1:36</p> <p>STATE LICENSING</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p>06/09/25</p> <p>25 JUN 12 P1:36</p> <p>STATE OF MISSISSIPPI STATE LICENSING</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>HHM#1 has obtained a tuberculosis clearance from their physician. The document is now filed in the home binder.</p>	<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u></p> <p>(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</p> <p>HHM #1 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file.</p>

	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> HHM #1 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file.</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, I will set a reminder in my phone a month before HHM#1's tb clearance will expire. I will then inform HHM#1 to get a current tb clearance done before the expiration date.</p>	<p>25 JUN 12 P1:36</p> <p>STATE OF MICHIGAN DEPT # A STATE LICENSING</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p style="text-align: right;">06/09/25</p> <p style="text-align: right;">'25 JUN 12 P1:36</p> <p style="text-align: right;">STATE OF ALI BUREAU A STATE LICENSING</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>Physician has specified that resident is on a Low carb and low sugar diet. Order is now corrected by physician and filed in home binder of Resident #2.</p>	<p>RULES (CRITERIA)</p> <p>§11-100.1-13 Nutrition. (f) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #2 – Physician ordered “Regular, low carb/sugar” diet in July 2024. Physician order not specific to one (1) diet.</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
06/09/25	<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 as the primary caregiver and other caregivers will ensure that diets for a resident are specified clearly and in detail whether the resident is on a regular diet or a special diet. All future orders by the physician should be clear and specified correctly.</p>	<p><input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #2 -- Physician ordered "Regular, low carb/sugar" diet in July 2024. Physician order not specific to one (1) diet.</p>
25 SEP 23 A 7:05	<p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>	

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p>06/09/25</p> <p>'25 JUN 12 P1:36</p> <p>STATE LICENSING</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication Cyanocobalamin 120mg tab is now removed from medication bin. Medication is now disposed correctly.</p>	<p><input checked="" type="checkbox"/></p> <p>§11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 – Physician discontinued “Cyanocobalamin 120mg tab” on 4/19/2025. Observed medication bottle in resident’s medication bin.</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p>06/09/25</p> <p>'25 SEP 23 A 7 :05</p> <p>STATE JAIL DUNSMUIR STATE LICENSING</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 caregivers will check to see that all medications stored in the medicine cabinet are current and still ordered by physician. Any medications that have been D/C should be disposed correctly.</p>	<p><input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Physician discontinued “Cyanocobalamin 120mg tab” on 4/19/2025. Observed medication bottle in resident’s medication bin.</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
06/09/25 25 JUN 12 P1:36	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>MAR for Resident #1 is now current and updated. Filed in resident's home binder.</p>	<p><input checked="" type="checkbox"/> §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>FINDINGS Resident #1 - No documented evidence of a June 2025 medication administration record (MAR) on file.</p>

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Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p style="text-align: right;">'25 SEP 23 A 7 :05</p> <p style="text-align: center;">STATE OF OHIO BCH-C STATE LICENSING</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>For future reference, all caregivers are to document correctly. All caregivers will also need to double check that all of the residents MAR are completed and up to date daily. MAR will be checked at the end of the day by myself the primary caregiver and another substitute caregiver.</p>	<p><input checked="" type="checkbox"/> §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 initiated by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a June 2025 MAR on file.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1 – Physician ordered “Carbamine peroxide 6.5% solution.” Medication not on May 2025 MAR.</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> <p>STATE LICENSING</p>	<p>25 JUN 12 P1:36</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
06/09/25	<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>For future reference, all of the residents MAR will be checked daily to ensure that all medications are listed in the residents MAR. It will be checked and filed by the caregiver caring for the resident that day.</p>	<p><input checked="" type="checkbox"/> §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>FINDINGS Resident #1 – Physician ordered "Carbamine peroxide 6.5% solution." Medication not on May 2025 MAR.</p>

'25 SEP 23 A7:05

STATE OF MARYLAND
DEPARTMENT OF HEALTH
STATE LICENSING

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
06/09/25	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Height has been taken for Resident #1, Resident #3, and Resident #4. It is now filed in their own binders.</p>	<p><input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1, Resident #3, Resident #4 – No documented evidence of an admission height taken, on file for department review.</p>

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Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p style="text-align: right;">06/09/25</p> <p style="text-align: right;">25 SEP 23 A 7:05</p> <p style="text-align: right;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;">PLAN OF CORRECTION</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>For future reference, the resident's height will be taken weekly to ensure that whatever on file in the residents binder is current. All caregivers are to double check that they are properly documenting and that all documents are filled in the residents binder.</p>	<p><input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(7) 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>Height and weight measurements taken;</p> <p>FINDINGS Resident #1, Resident #3, Resident #4 – No documented evidence of an admission height taken, on file for department review.</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #4 – No documented evidence of a current inventory of belongings on file, for department review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Belongings of Resident #4's has now been documented and filed in their home binder.</p> <p style="text-align: right;">STA 4 411 BUN 0 * STATE LICENSING</p>	<p>06/09/25</p> <p style="text-align: right;">'25 JUN 12 P1:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #4 – No documented evidence of a current inventory of belongings on file, for department review.</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 belongings of a resident are to be filed in their belongings inventory. Inventory will be updated monthly. All primary care givers are to check and update if there are any changes. List of inventory will be filed in residents home binder.</p> <p style="text-align: right;">STATE OF CALIFORNIA DOH - CA STATE LICENSING</p>	<p>06/09/25</p> <p style="text-align: right;">*25 SEP 23 A7:05</p>

Debbie S. Osorio

Licensee's/Administrator's Signature:

Print Name: Debbie S. Osorio

Date: Jun 9, 2025

25 JUN 12 P1:37

STATE OF ALA
BUREAU OF
STATE LICENSING

Debbie S. Osorio

Licensee's/Administrator's Signature:

Print Name: **Debbie S. Osorio**

Date: **09/15/2025**

'25 SEP 23 A7:05

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING