

10/28/25

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Opportunities and Resources, Inc. (ORI) – 2B	CHAPTER 89
Address: 64-1488 Kamehameha Highway, Wahiawa, Hawaii 96786	Inspection Date: July 30, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Available Fieldprint results are, Caregiver #1: 9/28/2023 Caregiver #2: 9/26/23, 9/28/21, 4/1/19, 7/8/15 Caregiver #3: 7/17/24, 8/20/13, 7/3/15</p> <p>Department requirements for background check were not met.</p> <p>Please submit copies of current Fieldprint results or past results that meet the requirements.</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>The deficiency have been corrected, caregivers #1, #2 and #3 had their Fingerprint done on 09.11.2025. Fingerprint copies were obtained and submitted to the Department of Health.</p>	09/11/2025

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<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure.</u> (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Available Fieldprint results are, Caregiver #1: 9/28/2023 Caregiver #2: 9/26/23, 9/28/21, 4/1/19, 7/8/15 Caregiver #3: 7/17/24, 8/20/13, 7/3/15</p> <p>Department requirements for background check were not met.</p> <p>Please submit copies of current Fieldprint results or past results that meet the requirements.</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>To prevent reoccurrence of the same deficiency, the HR will ensure that all staff background check will be up to date.</p> <p>The HR will check and/or keep track all staff members on their credentialing every 6 months to ensure that all staff member's background check/credentialing is up to date.</p>	10/28/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Hot water temperature was at 122.6 degrees Fahrenheit. Temperature needs to be between 100 and 120 degrees Fahrenheit.</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>The deficiency have been corrected, the maintenance adjusted the temperature of the water heater to meet the required temperature.</p> <p>Caregivers were given training on how to check the temperature of the water heater, and they were advised to check at least once a month.</p>	07/31/2025

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Hot water temperature was at 122.6 degrees Fahrenheit. Temperature needs to be between 100 and 120 degrees Fahrenheit.</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>To prevent reoccurrence of the same deficiency, the case manager was advised to check all the houses at least Once a month to ensure water temperature is not too hot and is within the required degrees.</p>	07/31/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-13 <u>Residents' rights.</u> (a)(16) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to:</p> <p>Live in a normal, clean, and comfortable environment with age-appropriate, aesthetic and adequate furniture and equipment;</p> <p><u>FINDINGS</u> In resident room #5 (shared room), the mattress for one of two beds had a deep indentation in the middle.</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>Deficiency have been corrected, new bed set were purchased on 08/04/2025.</p>	<p>08/04/2025</p>

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☒	<p>§11-89-13 <u>Residents' rights.</u> (a)(16) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to:</p> <p>Live in a normal, clean, and comfortable environment with age-appropriate, aesthetic and adequate furniture and equipment;</p> <p><u>FINDINGS</u> In resident room #5 (shared room), the mattress for one of two beds had a deep indentation in the middle.</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 prevent reoccurrence of the same deficiency, the caregiver will check the client's personal belongings at least every 3 months to ensure everything works properly. No damage furniture's, clothes are not ripped, etc.</p> <p>The caregiver will report/inform the assigned case manager or the PC if there is anything that needs replacement. The case manager and/or PC will then check and follow-up immediately, buy new furniture, clothing, etc. as soon as possible.</p>	<p style="text-align: center;">10/28/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1, #2, #3 – Information for standard physical exam was not included in the “physical evaluation” form. Thus, no current physical exam.</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>The deficiency have been corrected, all clients in House 2B were seen by the physician on 08/05/2025 for the Physical Examination.</p>	<p>08/05/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1, #2, #3 – Information for standard physical exam was not included in the “physical evaluation” form. Thus, no current physical exam.</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 avoid reoccurrence of the same deficiency. The case manager will keep track on the client's PE at least every 3 or 6 months to ensure that physical examination for all clients will be done on a timely manner.</p>	10/28/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> There was only 2% milk available for residents at home. 2% milk is not recommended for care home population.</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>The deficiency have been corrected, the caregiver were advised to buy 1% milk or fat free milk instead of regular or 2% milk.</p>	07/31/2025

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<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> There was only 2% milk available for residents at home. 2% milk is not recommended for care home population.</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>To avoid reoccurrence of the same deficiency, the case manager will check the house at least once a month to ensure all houses are offering the correct milk to the clients, (fat free or 1% milk).</p>	07/31/2025

Licensee's/Administrator's Signature: Susan Hudson

Print Name: Susan Hudson

Date: Sep 12, 2025

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SEP 12 2025

Licensee's/Administrator's Signature: Susan Hudson for Susanna F. Cheung

Print Name: Susan Hudson for Susanna F. Cheung

Date: Oct 28, 2025

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