

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) – Unit #10	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, 12/29/21, 2/14/18, 7/3/15 Caregiver #2: 9/28/23, 2/13/18, 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 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, 12/29/21, 2/14/18, 7/3/15 Caregiver #2: 9/28/23, 2/13/18, 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 members background check/credentialing is up to date.</p>	<p>10/28/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><u>FINDINGS</u> Caregiver #1 – No current first aid certification.</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>Caregiver had her First Aid certificate in 08.18.2025.</p>	08/18/2025

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<input checked="" type="checkbox"/>	<p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><u>FINDINGS</u> Caregiver #1 – No current first aid certification.</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>To avoid reoccurrence of the same deficiency, the HR will ensure that all staff members First Aid certificate is up to date.</p> <p>The HR will check or keep track all staff members credentialing every 6 months to ensure that all staff member's First Aid certificate is up to date and filed in the designated binder.</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 122.8 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>	<p>07/31/2025</p>

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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 122.8 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 within 100-120 degrees Fahrenheit as required from the Department of Health.</p>	07/31/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(1) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Evacuation drills shall be held at least monthly and at varied times during the twenty-four hour period. Instruction in the evacuation procedures shall be given to each new resident upon admission to the facility.</p> <p><u>FINDINGS</u> Fire drill conducted on 12/16/24 did not have the time 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>	

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(1) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Evacuation drills shall be held at least monthly and at varied times during the twenty-four hour period. Instruction in the evacuation procedures shall be given to each new resident upon admission to the facility.</p> <p><u>FINDINGS</u> Fire drill conducted on 12/16/24 did not have the time 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>To avoid reoccurrence of the same deficiency, the case manager will ensure to check all submitted fire drill form to ensure that there is a time recorded.</p> <p>The case manager will check the form monthly to ensure that there will be a time or date on the fire drill form.</p>	<p>09/08/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - Two (2) opened CVS Tussin DM 200-20 MG/20ML bottles were stored with current medication. There was no physician's order.</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. Resident #1 followed up with the physician to ensure Tussin DM was prescribed with the right Resident.</p> <p>Verbal Order was provided from the physician.</p>	<p>08/05/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 - Two (2) opened CVS Tussin DM 200-20 MG/20ML bottles were stored with current medication. The medication was listed in MAR after 7/15/25 only. There was no physician's order.</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>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 - Two (2) opened CVS Tussin DM 200-20 MG/20ML bottles were stored with current medication. The medication was listed in MAR after 7/15/25 only. There was no physician's order.</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 caregiver will report to the office for any new medication receives from the pharmacy, to ensure that there is a physician's order.</p> <p>The case manager will check the medications boxes at least once a month to ensure that all medications in the box is all current and have a physician's order. If no physician's order, follow up with the physician's immediately to clarify if the said medication was ordered from him/her and ask for an order.</p>	<p>08/05/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p>FINDINGS Resident #1 had right radical orchiectomy on 7/27/24. No record for resident's response to the procedure and observation of the resident in progress notes.</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>	

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

Print Name: Susan Hudson for Suanna F. Cheung

Date: Sep 25, 2025

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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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