

119155

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Responsive Caregivers of Hawaii/Kapalama</b>	<b>CHAPTER 89</b>
<b>Address: 1330 Halona Street, Honolulu, Hawaii 96817</b>	<b>Inspection Date: July 16, 2025 Annual</b>

**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.**

	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><b><u>FINDINGS</u></b>  Caregiver #1 – No Fieldprint result.</p> <p>Please submit a copy of Fieldprint with your plan of correction (POC).</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 Operations Director emailed the Nurse Consultant on behalf of Caregiver #1 for the Fieldprint code. The Nurse Consultant responded to the Operations Director on 7/2/25 with the Fieldprint code. Caregiver #1 processed their fieldprint requirement after the code was given.</p>	07/17/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Caregiver #1 – No Fieldprint result.</p> <p>Please submit a copy of Fieldprint with your plan of correction (POC).</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>Caregiver #1 and the agency admin staff developed a checklist of annual requirements that need to be completed prior to expiration date including Fieldprint. The Service Supervisor will review the checklist quarterly to ensure that all requirements are completed prior to expiration date.</p> <p>Caregiver #1 will have her Fieldprint done annually before the expiration date with enough time so that when the Nurse Consultant visits, the results will be available. Fieldprint results will be filed in the folder specific for licensing.</p>	09/09/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d)  All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b>FINDINGS</b>  Caregiver #1 – No record that inservice training was completed in the past 12 months. Evidence of completion of eight (8) hours of inservice training was submitted after the inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b><u>FINDINGS</u></b> Caregiver #1 – No record that inservice training was completed in the past 12 months. Evidence of completion of eight (8) hours of inservice training was submitted after the inspection.</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>Caregiver #1 reported that she misfiled the inservice training that was completed this year. A copy of her inservice training was given to Caregiver #1 and filed in the folder specific for licensing. Caregiver #1 will check the folder prior to licensing to make sure all requirements are filed.</p>	<p>07/16/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1)  All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><b><u>FINDINGS</u></b>  Caregiver #1 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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 TB clearance was emailed to the Nurse Consultant on 7/16/2025 which showed her initial 2-step TB clearance upon hire in 2018. Annual TB clearance copy was given to the caregiver to file into the folder specific for licensing.</p>	<p>07/16/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1)  All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><b><u>FINDINGS</u></b>  Caregiver #1 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>Caregiver will check the folder prior to licensing to make sure all requirements are filed. Annual TB clearance will be completed prior to expiration date so that results will be available when the Nurse Consultant visits.</p>	<p>07/16/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> No metal stem thermometer for cooking was available.</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>During the monthly home visit from the Nurse Supervisor and Service Supervisor, the caregiver showed them the metal stem thermometer for cooking that was in the utensil drawer in the kitchen.</p>	<p>07/23/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> No metal stem thermometer for cooking was available.</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>The caregiver will keep the metal stem thermometer in a designated utensil drawer that is easily accessible for cooking and when asked by the Nurse Consultant on the next visit. The caregiver will check that the metal stem thermometer is in its proper place prior to the next home visit.</p>	<p>07/23/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p><b>FINDINGS</b> Resident #1 – External and internal medication were stored in the same container. Corrected during the inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p><b><u>FINDINGS</u></b> Resident #1 – External and internal medication were stored in the same container. Corrected during the inspection.</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>The Nurse Supervisor purchased containers to separate Resident #1's external and internal medications. Containers were labeled "Oral" and "Topical". PRN's were separated in the same container in a Ziplock bag.</p>	<p>07/31/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>            Resident #1, #2, #3, #4 – Physical evaluation forms did not include information for standard physical exam. Thus, there was no physical exam.</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 Nurse Supervisor contacted the PCP's office for a copy of Progress Notes from the Resident's annual visit. A copy was given to the caregiver to file with the Physical Evaluation Form.</p>	08/19/2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1, #2, #3, #4 – Physical evaluation forms did not include information for standard physical exam. Thus, there was no physical exam.</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>During the annual physical visit, the caregiver will request from the PCP the progress notes from the visit and file with the Physical Evaluation Form.</p>	<p>08/19/2026</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>            Resident #1 is on a regular, pureed diet. Response to diet was not recorded in progress notes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>            Resident #1 is on a regular, pureed diet. Response to diet was not recorded in progress notes.</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>Reviewed with the caregiver on how to complete the monthly progress notes correctly. The caregiver will continue to submit a copy of the monthly progress notes to the Nurse Supervisor for review.</p>	07/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(6)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician or as may appear to be needed. Physicians shall be promptly advised of any changes in physical or mental status;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Weight in July 2024 was recorded as 100.6lbs., weight in August 2024 was 111.4lbs. There was no record that 10.8lbs gain in one (1) month was reported to physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-18 <u>Records and reports.</u> (b)(6) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician or as may appear to be needed. Physicians shall be promptly advised of any changes in physical or mental status;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Weight in July 2024 was recorded as 100.6lbs., weight in August 2024 was 111.4lbs. There was no record that 10.8lbs gain in one (1) month was reported to physician.</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>The caregiver will report to the PCP any significant changes in weight, BP, or other medical issues that are not at the baseline of the residents upon discovery.</p> <p>The caregiver will complete and document on her monthly progress notes the difference of weight and will notify PCP if weight gain is greater than 5 lbs.</p> <p>The monthly progress notes will be reviewed by the Nurse Supervisor at the end of the month to ensure that all changes are referred to the PCP.</p>	07/23/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Menu included fat free milk. Only 2% fat milk was available at home.</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 caregiver reported that the 2% milk was an oversight on her part. She replaced the milk on her next grocery trip.</p>	<p>07/25/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b> Menu included fat free milk. Only 2% fat milk was available at home.</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>The caregiver is now purchasing fat free milk when she does her grocery shopping.</p>	07/25/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Resident #1 is on a regular pureed diet. 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;"><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 RD consultant was contacted on 8/19/25 to inform her that the menu created specifically for the pureed diet was unacceptable. The RD consultant contacted the Public Health Nutritionist at OHCA that day and received clarification on what is required. The RD consultant revised the pureed diet menu based on the recommendations of the Public Health Nutritionist. The menu was made available to the caregiver on 8/25/25 with the Nurse Supervisor reviewing the contents.</p>	08/25/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Resident #1 is on a regular pureed diet. 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;"><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>The revised menu is posted on the bulletin board where it is visible and easily accessible to help guide the caregiver and the residents. The Nurse Supervisor and Service Supervisor will check the food supply on monthly site visits to ensure that the ingredients/food items listed on the menu are available. The Service Supervisor will also check lunches provided for the residents at the day program to ensure that the meals are appropriate. The RD consultant will continue to provide guidance on schedule or as needed especially when there are medical changes.</p>	<p style="text-align: center;">08/25/2025</p>

Licensee's/Administrator's Signature: Fay De Jesus

Print Name: Fay De Jesus

Date: Aug 19, 2025

Licensee's/Administrator's Signature: Fay De Jesus

Print Name: Fay De Jesus

Date: Sep 9, 2025