

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Reyes Care Home | CHAPTER 100.1 |
| Address: 94-391-A Lumihoahu Street, Waipahu, Hawaii 96797 | Inspection Date: October 6, 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).

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – The following physician’s orders dated 3/8/25 are incomplete and do not include the dosage to administer:</p> <ul style="list-style-type: none"> • “Vit D3-5 1 cap daily” • “glucosamine/chondroitin sulfate 1 tab PO qd” <p>Submit a copy of updated orders with plan of correction</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>We contacted the resident's physician, obtained updated written orders with complete dosage instructions for both Vitamin D3 and glucosamine/chondroitin.</p> | 12/08/25 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 3/28/25 states, “Xopenex MDI 1-2 puffs PRN SOB/wheeze”; however, frequency of administration unavailable. Medication order incomplete</p> <p>Submit a copy of updated order with plan of correction</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>Resident's physician has discontinued the order for Xopenex MDI</p> | <p>12/08/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s orders prescribed simultaneously on 8/8/25 are conflicting: “PRN albuterol nebulize” and “albuterol nebulizer BID”; clarification on orders unavailable</p> <p>Submit a copy of clarified order with plan of correction</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>Resident was re-examined by his PCP and provided a single clarified order for albuterol nebulizer use. The outdated/conflicting order was updated in the MAR.</p> | 12/09/25 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> The following medication orders were not reevaluated by physician every 4 months since 3/3/25:</p> <ul style="list-style-type: none"> • “APAP 325mg sig 2 tab PO q6H PRN pain, HA or fever >100.5” • Xopenex MDI 1-2 puff PRN SOB/wheeze • “glucosamine/chondroitin sulfate 1 tab PO qd” <p>Submit a copy of reevaluated and signed orders with plan of correction</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>Resident was seen by the physician and obtained updated, signed and dated reevaluated orders for APAP, Xopenex, and glucosamine/chondroitin. This is now filled with the medication binder and MAR was verified.</p> | 12/08/25 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications not documented in monthly progress notes</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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Licensee's/Administrator's Signature: Corazon S Reyes

Print Name: Corazon S Reyes

Date: 12/09/25

Licensee's/Administrator's Signature: Corazon Reyes

Print Name: Corazon Reyes

Date: 12/28/25

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