

2/18/26

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rose P. Lee DDD-Home, LLC	CHAPTER 89
Address: 99-838 Hulumanu Street, Aiea, Hawaii 96701	Inspection Date: September 9, 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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FEB 18 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Bottle of Myrbetriq 25mg tablets did not have resident's name and administration instruction. The label from pharmacy was stored separately in the side pocket of the mediation container.</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>I corrected this deficiency by placing the label from the pharmacy back on the bottle of Myrbetriq 25mgs</p>	<p>09/09/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Bottle of Myrbetriq 25mg tablets did not have resident's name and administration instruction. The label from pharmacy was stored separately in the side pocket of the medication container.</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 this from happening again, my future plan is to leave all labels on the bottle. If labels are not on the bottle, it will be attached to the bottle .</p>	<p>09/09/2025</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 – Order 5/20/25 included Guaifenesin-DM 100/10/mg/5ml syrup, take 10ml every 4 hours as needed. There was no indication for as needed use.</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>This deficiency was corrected by going to the physician's office and obtaining an order for Guaifenesin-DM syrup to be used as needed, for coughing.</p> <p>Attachment sent in a separate email</p>	02/18/2026

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<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 – Order 5/20/25 included Guaifenesin-DM 100/10/mg/5ml syrup, take 10ml every 4 hours as needed. There was no indication for as needed use.</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 ensure that this doesn't happen again, a completed physician's order has been obtained which contains the patients name, date and time, drug name, dosage, route, frequency, and reason for use of medication with the doctors signature. I will also review orders upon receipt of medication. If it's incomplete, I will immediately contact the doctors office to clarify and make sure the proper changes are made to correct the order.</p>	<p>02/18/2026</p>

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<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 – Physician noted “See attached med list” on 11/20/24 at office visit. There was no medication list available for the 11/20/24 visit. Medication order was obtained at 5/20/25 office visit.</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> (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 – Physician noted “See attached med list” on 11/20/24 at office visit. There was no medication list available for the 11/20/24 visit. Medication order was obtained at 5/20/25 office visit.</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>My future plan is to ensure that this doesn't happen again, I will provide a list of medication list to the doctor at each visit. I will also ask for a verifying signature to confirm the medication list.</p>	09/09/2025

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – General medication list was reviewed every 6 months. Most recent order was dated 5/20/25. Per caregiver, physician instructed to return to clinic in 6 months at 11/20/24 office visit. Since there is no record for the 11/20/24 visit, physician's order cannot be verified.</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> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – General medication list was reviewed every 6 months. Most recent order was dated 5/20/25. Per caregiver, physician instructed to return to clinic in 6 months at 11/20/24 office visit. Since there is no record for the 11/20/24 visit, physician’s order cannot be verified.</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 ensure that this doesn't happen again, I will obtain the physician's order in a timely manner, update record of resident information standards on file. Record the day of visit and will utilize the calendar/text app for reminders. I will obtain the proper documentation if the interval of medication exceeds the expected time and get the medication list and note the reason for delay of change of interval then enter the current date with a signature.</p>	<p>02/18/2026</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(7) Medications:</p> <p>All verbal orders for medication shall be recorded on the physician's order sheet by the certified caregiver receiving the verbal orders. Written confirmation from the attending physician shall be obtained within seventy-two hours.</p> <p><u>FINDINGS</u> Resident #1 – Phone order for Benzonatate 200mg capsule was received on 8/15/25 per caregiver. Physician's written confirmation was not obtained.</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>I went to the physicians office and asked for written orders regarding the Benzonatate medication.</p> <p>Attachment sent in a different email</p>	<p>02/18/2026</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(7) Medications:</p> <p>All verbal orders for medication shall be recorded on the physician's order sheet by the certified caregiver receiving the verbal orders. Written confirmation from the attending physician shall be obtained within seventy-two hours.</p> <p><u>FINDINGS</u> Resident #1 – Phone order for Benzonatate 200mg capsule was received on 8/15/25 per caregiver. Physician's written confirmation was not obtained.</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>My future plan to ensure that this doesn't happen again, I will set a phone reminder to get in touch with the doctors office to confirm the phone order and get a written order within 2 days.</p>	09/09/2025

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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 – Most recent order dated 5/20/25 included Guaifenesin-DM, not listed in medication administration record (MAR).</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>MARS. I corrected this deficiency by adding it to my list the same day that it was prescribed. I also labeled the medication as stated by the doctors order.</p>	09/09/2025

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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 – Most recent order dated 5/20/25 included Guaifenesin-DM, not listed in medication administration record (MAR).</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 ensure that this doesn't happen again, I will make sure that all medications are listed in the MAR, compare the medication labels and physician's orders directly with the MAR. And I'll record the administration immediately after the medication is given. I will also check the MAR for missed entries daily and do a final review once a month.</p>	<p>02/18/2026</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 – No initial tuberculosis clearance.</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>I corrected this deficiency by going to the healthcare center with client #1 and requesting a “step two” procedure. After waiting 7 days for the results, she was given a certificate of clearance. I documented the certificate.</p>	<p>09/09/2025</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 #2 – No current physical exam.</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>My future plan to ensure that this doesn't happen again, I will make sure that the PE/TB and after visit report are attached to the paperwork for a completed report, before leaving the office</p>	<p>09/09/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> Resident #2 – No current diet 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>I corrected this deficiency by contacting the doctors office and discussing the “diet order.” The doctor confirmed a regular diet and made changes to correct the information.</p>	09/09/2025

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Licensee's/Administrator's Signature: *R. Lee*

Print Name: Rose Marie Lee

Date: Oct 9, 2025

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Licensee's/Administrator's Signature: RL

Print Name: Rose Marie Lee

Date: Feb 18, 2026

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