

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TJ Factora Care Home	CHAPTER 100.1
Address: 830 Second Street, Pearl City, Hawaii 96782	Inspection Date: August 13, 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, Household Member (HHM) #1- No documentation of current physical exam (PE). <i>Submit documentation your plan of correction (POC).</i></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>PCG, SCG #1 + HM #1 obtained their current physical exam on Aug. 16, 2025 and SCG #2 obtained her current physical exam on Sept. 3, 2025. Copies of all the physical exams were filed in the Care Home Binder.</i></p>	<p><i>Aug. 16, 2025</i></p> <p><i>&</i></p> <p><i>Sept. 3, 2025</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) 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>FINDINGS Resident #1 – Medication order Tylenol 650 mg po every 4 hours PRN for knee pain was not reevaluated by the physician between 7/16/24-7/29/25. Medication order not included on the current medication list.</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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☒	<p>§11-100.1-15 <u>Medications.</u> (g) 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> Resident #1 -- Medication order Tylenol 650 mg po every 4 hours PRN for knee pain was not reevaluated by the physician between 7/16/24-7/29/25. Medication order not included on the current medication list.</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><i>To ensure that it doesn't happen again, the PCG will make a copy of all the list of current medications whenever the resident goes to the doctor's clinic to include all PRN medications to be reevaluated, updated & signed. The PCG will file document in the Care Home Binder for the record.</i></p>	<p style="text-align: right;"><i>on going</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – List of valuables/belongings not updated since 2023. <i>Submit a copy with your POC.</i></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>Yes, PCG + SCG checked all the resident's valuables and a new, current + updated list made and filed in the Care Home Binder. (Copies attached.)</i></p>	<p style="text-align: center;"><i>8/16/25</i></p>

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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 administered PRN Tylenol for knee pain between 12/29/24-12/31/25 was not documented.</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>	<p style="text-align: right; vertical-align: bottom;">71 SEP 1 1997</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety</u>. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p>FINDINGS Smoke alarm consistently chirping throughout the inspection.</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>By pushing the middle button of the smoke detector alarm unit that makes chirping/ noisy sound, the alarm says "temporarily silence" and chirping stopped + was controlled. By doing this everytime it makes noise PRN the noise was prevented. All the smoke detector alarm units were cleaned very well.</p>	<p style="text-align: right;"><i>Started</i> 8-30-25 + on going</p>

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Licensee's/Administrator's Signature: Tessie J. Factora

Print Name: TESSIE J. FACTORA

Date: Sept. 5, 2025