

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| Facility's Name: Tabora's                                  | CHAPTER 100.1                             |
| Address:<br>94-970 Lumihoahu Street, Waipahu, Hawaii 96797 | Inspection Date: February 10, 2026 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>§11-100.1-15 <u>Medications</u>. (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1—Physician order for ‘Calcitonin, Salmon (Fortical/Miacalcin) nasal spray, 1 spray alternating nostrils daily’ was discontinued on 08/26/2025. Medication was not transcribed in the MAR from 08/01/2025 to 08/26/2025. No documentation of order discontinued prior to 08/26/2025. Medication not made available as ordered.</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> |                 |

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| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4)<br>General rules regarding records:<br><br>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.<br><br><b><u>FINDINGS</u></b><br>Resident #1 A physician order dated 8/26/25 for 'Clobetasol 0.05% cream (apply to affected area twice a day sparingly for up to two weeks)' was renewed during medication reevaluation on 12/15/25. The medication was not listed on the Medication administration record (MAR). The Primary Caregiver (PCG) reported the medication should have been discontinued; however, no documentation was found in the record to confirm clarification or discontinuation of the order.<br><br><i>Please provide documentation of the clarified or discontinued order along with the Plan of Correction for this to be considered resolved.</i> | <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 style="text-align: center;">Clarification of order Clobetasol 0.05% cream ordered by doctor done on 2/11/25 affected area resolved. Medication discontinued on 9/5/25 and signed by MD</p> | <p style="text-align: center;">2/11/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (d)<br/>An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b>FINDINGS</b><br/>Resident #1—Resident's transport wheelchair, walker, and glasses not listed on their inventory of possessions.</p> | <p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>wheelchair, walker and eyeglasses<br/>was listed in client's belongings<br/>valuables</i></p> | <p><i>2/11/26</i></p> |

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| ☒ | <p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D)<br/>           The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><b><u>FINDINGS</u></b><br/>           Large cobweb observed in resident's shared bathroom, extending from wall to light fixture above the medicine cabinet.</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 style="text-align: center;"><i>Me and my substitute caregiver<br/>           clean the cobwebs/house</i></p> | <p style="text-align: center;"><i>2/10/26</i></p> |

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Licensee's/Administrator's Signature:  Lourdes Tabora

Print Name:  LOURDES TABORA

Date:  3/17/2024

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