

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | | |
|---|--------------------------------------|-----------------|
| Facility's Name: Tangonan Adult Residential Care Home | CHAPTER 100.1 | 25 AUG 19 17:40 |
| Address: 94-228 Moena Place Waipahu, Hawaii 96797 | Inspection Date: May 28, 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>§11-100.1-10 <u>Admission policies, (g)</u> An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> No documented evidence that the inventory of all personal items brought into the Type I ARCH by the resident was maintained for the following:</p> <ol style="list-style-type: none"> 1. Resident #2- Last documented 8/26/23. 2. Resident #3- Last documented 5/19/23. | <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 is responsible for anything given by family or friends are considered as belonging, and should be documented to the inventory list.</i></p> <p><i>Resident number 2 and 3 were updated this year.</i></p> | <p style="text-align: right;"><i>8-8-25</i></p> <p style="text-align: right;">25 AUG 19 17:46</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-10 <u>Admission policies. (g)</u> An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS No documented evidence that the inventory of all personal items brought into the Type I ARCH by the resident was maintained for the following:</p> <ol style="list-style-type: none"> 1. Resident #2- Last documented 8/26/23. 2. Resident #3- Last documented 5/19/23. | <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 style="text-align: center;"><i>to prevent this from occurring in the future, I will write it down right away on paper notes in the chart.</i></p> <p style="text-align: center;"><i>I created a checklist to update the inventory at least annually.</i></p> | <p style="text-align: right;"><i>8-28-25</i></p> <p style="text-align: right;">AUG 29 11:46</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>, (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 2/13/25 for "NAS chopped, fluid restriction 2L/day"; however, no documented evidence that the diet order was clarified by the physician.</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 style="text-align: center;"><i>I should ask or request new order from physician during admission; to order diet, NAS, checked fluid restriction 2 L/day.</i></p> | <p style="text-align: right;"><i>P-25</i></p> <p style="text-align: right;">AUG 19 47:46</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS One (1) comet bleach was found unsecured under the kitchen cabinet during the time of 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 style="text-align: center;"><i>PLG remind staff and household to put back after use, all the unsecured items, where they belong with lock cabinet.</i></p> | <p style="text-align: right;"><i>8-8-25</i></p> <p style="text-align: right;">AUG 19 17:46</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1- Physician ordered on 3/28/25 for Metoprolol Succinate ER 25 mg "Take 0.5 mg tablets orally once a day. Hold for SBP < 105 or HR < 60"; however, the medication label reads, "Take 1 tablet by mouth everyday". The physician order and medication label do not match.</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, Hopped nurse, physician are present during administration, PCG should double check against the medication list before they leaving. MD in writing the client 4-5-25, MD was have corrected Metoprolol Succ. ER, take 25mg daily, Hold for SBP < 105 or HR < 60</i></p> | <p style="text-align: right;"><i>8-8-25</i></p> <p style="text-align: right;">25 AUG 19 17:46</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>FINDINGS Resident #1- Physician ordered on 3/28/25 for stool softener 8.6 mg/50 mg "Take 2 tablets BID, hold for loose stools"; however the "hold for loose stools" was not transcribed from the March 2025 to May 2025 medication administration records (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 style="text-align: center;"><i>PCG should check order in accurate, I request physician and hospice nurse to update their medication list, and have them to correct for the next visit, 8-8-25</i></p> <p style="text-align: center;"><i>I placed the hold for loose stool, in the MAR.</i></p> | <p style="text-align: center;">8-8-25 AUG 19 17:46</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> No documented evidence that height and weight measurements were taken for the following:</p> <ol style="list-style-type: none"> 1. Resident #1- From March 2025 to May 2025. 2. Resident #4- From September 2024 to May 2025. | <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 style="text-align: center;"><i>PCG should take note the height & weight while the hospice nurse doing assessment, was obtained the next day, services provided to resident. 8-8-25</i></p> | <p style="text-align: center;">25 AUG 19 07:46</p> <p style="text-align: center;">STATE LICENSURE</p> |

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Licensee's/Administrator's Signature: Edna Tangonan

Print Name: Edna Tangonan

Date: 8-8-25

25 AUG 19 A7:46
STATE LICENSING