

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: United Family Care Home, LLC	CHAPTER 100.1
Address: 1328 Molehu Drive, Honolulu, Hawaii 96818	Inspection Date: May 8, 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>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Current care plan did not address active problem of “Indigestion,” and did not include the following medication orders: Pantoprazole 40 mg 1 tab po QD, Almacone Suspension double strength 400-400-40 mg/5ml take 15ml po Q8 hours PRN for indigestion, Tylenol 325 mg 2 tablets po ^6 hours PRN pain/fever, Singulair 10mg po QD, and Atorvastatin 20 mg 1 tab po QD.  <i>Submit a copy of the revised care plan with your plan of correction.</i></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>PCG and RN CM collaborated to revised care plan for resident #1 regarding Alteration in Comfort to reflect the following interventions which includes medications ordered to relieve indigestion and nausea.</p> <ol style="list-style-type: none"> <li>1.Pantoprazole 40 mg1tab po QD</li> <li>2.Almacone double strength 15ml po q 8hours PRN for indigestion</li> </ol> <p>Revised Care plan filed on resident #1 folder.  Copy of revised care plan submitted/emailed.</p>	5/10/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services. (c)(10)</u>            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence the RN Case manager conducted a comprehensive assessment every six (6) months, due April 2025.  <i>Submit a copy with your POC.</i></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>PCG reminded RN CM to resend comprehensive 6months assessment done last 4/7/25            Emailed copy of comprehensive 6months assessment filed on resident #1 folder .            Copy of comprehensive 6 months assessment submitted/mailed.</p>	5/10/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence the RN Case manager conducted a comprehensive assessment every six (6) months, due April 2025.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG posted a reminder note for RNCM to do comprehensive 6months assessment and to file copy on a timely manner on resident#1 folder. Additional same reminder posted on medication cabinet door .</p>	<p>5/10/25</p>

Licensee's/Administrator's Signature: helen go

Print Name: helen go

Date: 08/07/2025