

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Windward Senior Home Care LLC	CHAPTER 100.1
Address: 45-1117 #A Cobb Adams Road, Kanoche, Hawaii 96744	Inspection Date: November 24, 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> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Substitute Care Giver (SCG) #2 – No documented evidence of a current annual tuberculosis clearance by a physician or advanced practice registered nurse (APRN) on file.</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>Caregiver #2's PCP was contacted, and the negative TST result and Blank DOH TB clearance form were faxed to the PCP's Office for Completion.</p> <p>Completed Clearance form received from PCP via fax on 12/1/2025, filed in the ARCH binder for department review.</p> <p>See attached Document</p>	<p style="text-align: center;">12/1/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #2 – No documented evidence of a current annual tuberculosis clearance by a physician or advanced practice registered nurse (APRN) on file.</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>Chapter 11- 164.2 of the Hawaii Administrative Rules (DOH TB Clearance Manual) - revised May 2025, was reviewed. A check list via table view completed, with caregivers and residents name, the required DOH papers, and the date it needs to be renewed. The checklist will be used to organize task and ensure that nothing is overlooked. The PCG and 1 caregiver will review the papers monthly to ensure that caregiver and residents TB clearance are completed correctly and on file for the department to review.</p>	12/25/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Observed two (2) unopened packages of mushrooms with expiration date of 11/13/2025.</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>2 unopened mushrooms were purchased from SamsClub on 11/23/2025, and those have an expiration date of 11/23/2025 and not 11/13/2025.</p> <p>- 2 unopened mushrooms were discarded on the inspection date.</p>	11/24/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Observed two (2) unopened packages of mushrooms with expiration date of 11/13/2025.</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>Checking the expiration date when doing the groceries will be observed, as purchasing expired and/ or expiring ones is possible. 2 caregivers will be assigned to check all food items to ensure all food items past the expiration date be disposed. It will scheduled every Sunday of the week.</p>	<p>11/25/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Observed ziplock bag with half an onion without date of 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>Ziplock bag with half an onion without a date of use was discarded on the day of inspection. Caregivers were reminded to put the date on all leftover food and the open date for other items.</p>	<p>11/24/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Observed ziplock bag with half an onion without date of 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>A reminder note on the refrigerator door, a daily check, and a weekly huddle to remind the caregivers to label the items/ food with the date of use shall be implemented.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Physician ordered “Escitalopram oxalate oral tablet 10mg. Give 15mg by mouth one time a day” on 10/21/2025. Medication label reads “Escitalopram 10mg tablet. Take 1 tablet by mouth daily.” Label notes prescription filled 8/4/2025.</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>Called the pharmacy to send a new medication with an updated instructions labeled on the bottle (11/25/25). For the meantime, current bottle labelled with correct instruction, "Escitalopram oxalate oral tab 10 mg. Give 15 mg by month 1 time a day", as instructed by MD.</p> <p>Received new bottle with correct label on 11/29/2025.</p>	11/29/2025

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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><u>FINDINGS</u> Resident #1 -- Physician ordered "Escitalopram oxalate oral tablet 10mg. Give 15mg by mouth one time a day" on 10/21/2025. Medication label reads "Escitalopram 10mg tablet. Take 1 tablet by mouth daily." Label notes prescription filled 8/4/2025.</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>The pharmacy will be contacted to send the medication of the resident, newly admit and/or re-admitted, after meds reconciled with the doctor. The PCG and 1 caregiver to be checked all medications to ensure the medication labels match the physician orders, and it will be completed every last week of the month.</p>	11/25/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Escitalopram oxalate oral tablet 10mg. Give 15mg by mouth one time a day” on 10/21/2025. October 2025 and November 2025 medication administration records (MAR) reads “Escitalopram 10mg tablet. Give 1 tab by mouth one time a day for depression.” Physician order and MAR entry 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>Escitalopram 10mg on MAR was corrected to Escitalopram 15 mg on the day of inspection.</p>	11/24/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Escitalopram oxalate oral tablet 10mg. Give 15mg by mouth one time a day” on 10/21/2025. October 2025 and November 2025 MAR reads “Escitalopram 10mg tablet. Give 1 tab by mouth one time a day for depression.” Facility administered resident 10mg of Escitalopram from 10/23/2025 – 11/24/2025, when physician order states 15mg of Escitalopram daily.</p>	<p>PART 1</p> <p>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>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment signed by primary care giver but without date of when the assessment was completed.</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>Date was filled out, completed by the primary caregiver.</p>	11/24/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #3 – Admission assessment not signed and dated by primary care giver of when assessment was completed.</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>Date will be filled out on the day the admission assessment is completed. The area to sign and date should be highlighted to prevent missing it. Two (2) caregivers will double check that the admission assessment are correctly signed and dated by the PCG and resident and/or resident's legal representative on the day of assessment was completed. It will be checked monthly to ensure it is completed correctly and on file for the department to review.</p>	11/25/2025

Licensee's/Administrator's Signature: Annabelle Chang

Print Name: Annabelle Chang

Date: Nov 28, 2025

Licensee's/Administrator's Signature: _____



Print Name: _____

Annabelle Chang

Date: _____

12/24/2015