

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yamashiro Care Home L.L.C.	CHAPTER 100.1
Address: 45-386 Kamehameha Highway, Kaneohe, Hawaii 96744	Inspection Date: September 25, 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>§11-100.1-15 <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><u>FINDINGS</u> Resident #1 – Observed “Haloperidol 2mg/mL” in resident’s medication bin without a physician or advanced practice registered nurse (APRN) order.</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>Updated the medication list of Resident#1 to include “Haloperidol 2mg/mL”. Contacted Bristol Hospice and faxed updated list for Bristol Hospice Physician, Dr. Nguyen to renew and sign.</p> <p>Medication list was signed by Dr. Nguyen and faxed back on 10/1/2025. Document was placed in Resident #1 binder and secured in locked cabinet.</p>	<p style="text-align: center;">10/1/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Observed “Haloperidol 2mg/mL” in resident’s medication bin without a physician or APRN order.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) Review Medication List daily and when there is a new verbal, written, or telephone order given by the Physician, ensure all medications are listed and signed by the ordering physician.</p> <p>2) Put a reminder note in the resident binder to review all medication list daily and when new orders are given verbally, in writing, or by telephone order. Also include a reminder note to ensure that all orders are signed by the ordering physician.</p> <p>Complete date: 10/1/2025.</p>	<p style="text-align: center;">9/1/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a current level of care evaluation conducted by a physician or APRN on file. Level of care evaluation form on file filled out by a licensed social worker.</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>Faxed the Level of Care Form to Dr. Mark Lee's office. Requested that form to be reviewed and signed. Document was signed and faxed back 10/2/2025.</p>	<p>10/2/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a current level of care evaluation conducted by a physician or APRN on file. Level of care evaluation form on file filled out by a licensed social worker.</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>1) Review all admission documents (Level of Care Form) prior to admitting the resident. Ensure that the Level of Care is signed by a physician or APRN. Do not admit the resident until the Level of Care Form is signed by a physician or APRN.</p> <p>2) Place a reminder note on the Yamashiro Care Home binder to remind caregiver to review all documents (Level of Care Form) weekly and ensure all documents are signed by a physician or APRN prior to admitting a resident.</p>	<p>75 12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a current self-preservation evaluation conducted by a physician or APRN on file. Self-preservation evaluation form on file appeared to be filled out by a licensed social worker.</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>Faxed the self-preservation form to Dr. Mark Lee's office. Requested that form to be reviewed and signed. Document was signed and faxed back on 10/2/2025.</p>	<p>10/2/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a current self-preservation evaluation conducted by a physician or APRN on file. Self-preservation evaluation form on file appeared to be filled out by a licensed social worker.</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>1) Review all admission documents (self-preservation form) prior to admitting the resident. Ensure that the self-preservation form is signed by a physician or APRN.</p> <p>2) Place a reminder note on the Yamashiro Care Home binder to remind PCG to review all documents (Self-preservation) weekly, and ensure all documents are signed by a physician or APRN prior to admitting a resident.</p> <p>3) Do not admit resident until the self-preservation form is signed by a physician.</p> <p>Completion date: 10/2/2025</p>	<p style="text-align: center;">10/2/2025</p>

	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><u>FINDINGS</u> Resident #1 – Case management services started on day of admission, 5/20/2024. No care plan created by case management agency within seven (7) days after admission. No documented care plan on file as of date of annual inspection.</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>§11-100.1-88 <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><u>FINDINGS</u> Resident #1 – Case management services started on day of admission, 5/20/2024. No care plan created by case management agency within seven (7) days after admission. No documented care plan on file as of date of annual inspection.</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>Called the Case Manager and informed her to bring the hard copy of the care plan and place it in resident #1 binder and secured in locked cabinet.</p> <p>Future Plan</p> <ol style="list-style-type: none"> 1) Review Case Manager's documents to ensure Care Plan is placed in binder within seven (7) days of admission. Call Case Manager to remind them to complete the care plan for new admissions if the document are still not in the binder within seven (7) days of admission. 2) Hire a new Case Manager if the care plan is not completed within seven (7) days of admission. 3) Place a reminder note on the resident's chart to remind caregivers to review the Case Manager's documents and care plan weekly. Ensure a hard copy is placed in the resident's binder to prevent the copy from getting lost. 4) Review the binder weekly and if there are new changes to the resident's orders and documents. <p>Completion date: 10/2/2025</p>	<p>7/28/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Case manager stated that “Maintain healthy, low sugar diet” in monthly case management notes from June 2024 to August 2025. However, resident’s diet order is “regular,” per physician order dated 5/13/2025. Statement not consistent with physician order.</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: center;">2/25/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Case manager stated that “Maintain healthy, low sugar diet” in monthly case management notes from June 2024 to August 2025. However, resident’s diet order is “regular,” per physician order dated 5/13/2025. Statement not consistent with physician order.</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>Notified Case Manager to review diet orders and updated her on current diet orders. The diet orders was reviewed, and changes were made to be consistent with the diet orders.</p> <p>Future Plan</p> <p>1) Renew the current diet daily and ensure the Case Manager is aware of all changes in new diet orders. Call and update the Case Manager immediately regarding all changes.</p> <p>2) Put a reminder notice on the Yamashiro Care Home binder to review all Case Manager's documents (Care Plan document) to ensure all written notes by the Case Manager are consistent with new MD orders daily and when new orders are given by the M.D.</p> <p>Completion date: 10/2/2025</p>	<p>25 10 - 2025</p>

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Case manager stated that “Service plan reviewed and updated as necessary” in monthly case management notes from June 2024 to August 2025. No care/service plan initiated by case management agency for Resident #1. No care plan on file for resident in facility.</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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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Case manager stated that “Service plan reviewed and updated as necessary” in monthly case management notes from June 2024 to August 2025. No care/service plan initiated by case management agency for Resident #1. No care plan on file for resident in facility.</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>Informed Case Manager to bring a hard copy of the Service/Care Plan and place it in the binder. The Care Plan was updated and reviewed with the Case Manager. A hard copy of the Care Plan was placed in the resident's binder and secured in a locked cabinet.</p> <p>Completion date: 10/2/20205</p> <p>Future Plan</p> <ol style="list-style-type: none"> 1) Review forms from Case Manager monthly to ensure the Service/Care Plan is followed and updated. 2) Ensure the Care Plan is in the resident's binder within seven (7) days of admission. 3) Place a reminder note on the resident's binder to review the Case Manager's Care Plan weekly. Review and update it with the Case Manager monthly, or as needed. 4) Hire a new Case Manager if the Care Plan or other necessary documents are not completed by the Case Manager within seven (7) days of resident's admission. <p>Completion date: 10/2/20205</p>	<p style="text-align: center;">2025 10 2</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – No documented evidence that comprehensive reassessments were conducted every six (6) months following initiation of case management services. Services started on 5/20/2024. No comprehensive reassessments on file during November 2024 and May 2025. Only monthly face-to-face monthly summaries for those months on file.</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: center;">12/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – No documented evidence that comprehensive reassessments were conducted every six (6) months following initiation of case management services. Services started on 5/20/2024. No comprehensive reassessments on file during November 2024 and May 2025. Only monthly face-to-face monthly summaries for those months 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>Notified the Case Manager to bring a hard copy of the Comprehensive Reassessment for November 2024 and May 2025. The hard copy is currently in the resident's binder and has been placed in a secured locked cabinet.</p> <p>Completion date: 10/2/20205</p> <p>Future Plan</p> <ol style="list-style-type: none"> 1) Review the Case Manager documents and ensure a hard copy of a Comprehensive Reassessment every 6 months is completed and filed in resident's binder. 2) Put a reminder notice in the resident's binder to check monthly if the Case Manager has completed a Comprehensive Reassessment every 6 months and place a hard copy in the resident binder. 3) Hire a new Case Manager if documents are not in the binder or if they are not completed. <p>Completion date: 10/2/2025</p>	<p>25 10/2/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the case manager regularly monitored Resident #1's medication during the duration of the case management agency's care of the resident. "Haloperidol 2mg/mL" was ordered on 6/12/2024. Case manager notes stated "Reviewed medication administration record" from June 2025 to August 2025. However, case manager did not review both resident's medication administration record (MAR) and medication ordered by the physician. No current medication order for aforementioned medication on file.</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>§11-100.1-89 Medications. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the case manager regularly monitored Resident #1's medication during the duration of the case management agency's care of the resident. "Haloperidol 2mg/mL" was ordered on 6/12/2024. Case manager notes stated "Reviewed medication administration record" from June 2025 to August 2025. However, case manager did not review both resident's medication administration record (MAR) and medication ordered by the physician. No current medication order for aforementioned medication 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>Updated the list of medication for Resident#1, and the list was signed by the Bristol Hospice Physician. Notified the Case Manager and reviewed the updated list. The updated medication list was placed in the resident's binder and secured in a locked cabinet.</p> <p>Completion date: 10/2/20205</p> <p>Future Plan</p> <p>1) Ensure all medication list are updated and signed by a Physician. Inform the Case Manager of all medication changes immediately. Remind the Case Manager of any updates to the resident and update her forms monthly, or when there are any changes in the medication or orders. 2) Put a reminder note on the Yamashiro Care Home binder to review all medication changes daily and include a reminder to check documents monthly, and when there are any new physician orders to ensure that all changes are properly documented by the Case Manager.</p> <p>Completion date: 10/2/20205</p>	

Licensee's/Administrator's Signature: Vivian C. Yamashiro

Print Name: Vivian C. Yamashiro

Date: Oct 2, 2025

10/2/2025
10/2/2025