

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2025
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-B	STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
9 000	INITIAL COMMENTS A re-licensing survey was conducted by the Office of Healthcare Assurance (OHCA) from 07/23/2025 to 07/25/2025. The facility was found to not be in substantial compliance with program requirements at Hawaii Administrative Rules Chapter 11, Chapter 99.	9 000		
9 153	11-99-16(a)(2) IN-SERVICE EDUCATION There shall be a staff in-service education program that includes: In-service training for employees who have not achieved the desired level of competence, and continuing in-service education to update and improve the skills and competencies of all employees. This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to provide an inservice on how and when to perform control testing for glucometers to ensure the glucometers/test strips are accurate. As a result of this deficient practice, there is the risk for more than minimal harm to residents who require blood glucose checks. Findings include: On 07/24/25 at 06:00 AM, after medication pass was completed, inquired with House Staff (HS)1 regarding how staff perform control test for the glucometers/test strips for two Clients (C) who reside in the house, C2 and C3. HS1 was did not know how to perform a control test for the glucometer/test strips and did not receive training on how to perform a control test. HS1 confirmed the house staff do not test the glucometers at the house and is unaware if the Facility Nurse (FN)1	9 153		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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9 153	<p>Continued From page 1</p> <p>comes to the house to test the glucometer.</p> <p>On 07/25/25 at 10:29 AM, conducted a telephone interview with FN1. Inquired if control testing are performed for the glucometers and test strips for C2 and C3's equipment. FN1 confirmed staff have not been trained on how to perform control testing for the glucometers/test strips and no control testing is currently being conducted. FN1 confirmed performing control testing on the glucometer/test strips would be best practice and should be done.</p>	9 153		