

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mililani Care Home LLC	CHAPTER 100.1
Address: 95-117 Waikalani Drive, Mililani, Hawaii 96789	Inspection Date: September 10, 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).**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  No documented evidence stating that the following individuals have no prior felony or abuse convictions in a court of law:</p> <ol style="list-style-type: none"> <li>1. Primary caregiver (PCG)- last documented background check was 10/16/23.</li> <li>2. Substitute caregiver (SCG)- last documented background check was 9/28/23.</li> </ol> <p><b>Please send copies of background check with your plan of correction.</b></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>Yes, I corrected this deficiency  --A copy of background check (eCrim, APS &amp; CAN records) for Primary care giver (PCG) and for Substitute care giver (SCG) placed in Mililani binder and ready for the department to view.  --Copies also sent to my Nurse consultant (Lilian Lau).</p>	<p>11/03/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  No documented evidence stating that the following individuals have no prior felony or abuse convictions in a court of law:</p> <ol style="list-style-type: none"> <li>1. PCG- last documented background check was 10/16/23.</li> <li>2. SCG- last documented background check was 9/28/23.</li> </ol> <p><b>Please send copies of background check with your plan of correction.</b></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>I will double check with my Nurse consultant to get an update on background check requirements as well as frequency of such document to ensure compliance.</p> <p>--I will make a list of documents that need to be updated annually. I will place this list of documents along with their expiration dates on the first page of my Mililani Care home binder and do spot check each time I open my Mililani care home binder, to ensure that all background checks will be updated before/by expiration date.</p>	<p>11/03/25</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> SCG- No documented evidence of an annual physical to certify that they are free of infectious diseases.</p> <p><b>Please send in a copy of the annual physical with your plan of correction.</b></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>yes, I corrected this deficiency ---A copy of my Substitute Care Giver's annual physical certification sent to my Nurse consultant and also filed in My Mililani Care Home binder to view.</p>	11/03/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> SCG- No documented evidence of an annual physical to certify that they are free of infectious diseases.</p> <p><b>Please send in a copy of the annual physical with your plan of correction.</b></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>-- I will remind my SCG a month prior to expiration date to renew annual physical certification. I will inform SCG that if a copy is not received before expiration date, she will not be able to pick up a shift.</p>	<p>11/03/25</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> SCG- No documented evidence of an annual tuberculosis clearance.</p> <p><b>Please send in a copy of the annual tuberculosis clearance with your plan of correction.</b></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>Yes, I corrected this deficiency --I sent a copy of SCG's tuberculosis clearance to my nurse consultant --I also filed a copy of my SCG's TB clearance to my Mililani Care Home binder ready for the department to view</p>	11/03/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<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><b><u>FINDINGS</u></b> SCG- No documented evidence of an annual tuberculosis clearance.</p> <p><b>Please send in a copy of the annual tuberculosis clearance with your plan of correction.</b></p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>-- I will remind my SCG a month before expiration date to renew annual tuberculosis clearance. I will inform SCG that if a copy of TB clearance is not received before or by expiration date, she will not be able to pick up a shift</p>	11/03/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>  Resident #1- Physician ordered on 4/9/25 for Tylenol 500 mg, "Take 2 tablets every 6 hours PO PRN for pain/fever greater than 100F"; however, the medication label reads, "Take 1 tablet every 4 hours PO PRN for pain/fever greater than 100F". The physician order and medication label do not match.</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>Yes, I corrected this deficiency the day after the inspection  --I removed old label from the Tylenol bottle, and I place a new label matching the current physician medication order that includes the correct dosage and frequency of Tylenol.</p>	<p>11/03/25</p>

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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><b><u>FINDINGS</u></b>  Resident #1- Physician ordered on 4/9/25 for Tylenol 500 mg, "Take 2 tablets every 6 hours PO PRN for pain/fever greater than 100F"; however, the medication label reads, "Take 1 tablet every 4 hours PO PRN for pain/fever greater than 100F". The physician order and medication label do not match.</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>--I will have my SCG double check with me when I go over medication order and bottle label.  --I will have my SCG read the label on the medication bottle while I am going over the physician order, to ensure that medication label on botte match the current medication order.</p>	<p>11/03/25</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><b>FINDINGS</b> Resident #1- Medications were either refused, not given, or withheld without no explanation on the medication administration record (MAR) for the following:</p> <table border="1" data-bbox="325 548 947 824"> <thead> <tr> <th data-bbox="325 548 688 581">Medications</th> <th data-bbox="688 548 947 581">Dates</th> </tr> </thead> <tbody> <tr> <td data-bbox="325 581 688 613">Cholecalciferol Vit D3 25 mEq</td> <td data-bbox="688 581 947 613">1/16/25 and 2/16/25</td> </tr> <tr> <td data-bbox="325 613 688 699">Lumigan 0.01% eye drops</td> <td data-bbox="688 613 947 699">1/5/25, 1/25/25, 2/25/25, 5/4/25, and 8/4/25</td> </tr> <tr> <td data-bbox="325 699 688 760">Mirtazapine 30 mg</td> <td data-bbox="688 699 947 760">1/22/25, 2/16/25, and 5/1/25</td> </tr> <tr> <td data-bbox="325 760 688 824">Myrebetriq 25 mg</td> <td data-bbox="688 760 947 824">1/22/25, 5/22/25, and 8/10/25</td> </tr> </tbody> </table>	Medications	Dates	Cholecalciferol Vit D3 25 mEq	1/16/25 and 2/16/25	Lumigan 0.01% eye drops	1/5/25, 1/25/25, 2/25/25, 5/4/25, and 8/4/25	Mirtazapine 30 mg	1/22/25, 2/16/25, and 5/1/25	Myrebetriq 25 mg	1/22/25, 5/22/25, and 8/10/25	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	
Medications	Dates												
Cholecalciferol Vit D3 25 mEq	1/16/25 and 2/16/25												
Lumigan 0.01% eye drops	1/5/25, 1/25/25, 2/25/25, 5/4/25, and 8/4/25												
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Medications	Dates												
Cholecalciferol Vit D3 25 mEq	1/16/25 and 2/16/25												
Lumigan 0.01% eye drops	1/5/25, 1/25/25, 2/25/25, 5/4/25, and 8/4/25												
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1- Resident Emergency Information was last updated on 2/2/23 and is not current. In addition, second page was not readily available for review by the department.</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>Yes, I corrected this deficiency on 9/12/25.            --I updated the Resident's Emergency Information the day after the inspection. Second page is also updated and is now filed in Mililani Care Home binder readily available for the department to view.            --I also sent a copy of updated Resident's Emergency Information to my Nurse consultant</p>	<p>11/03/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1- Resident Emergency Information was last updated on 2/2/23 and is not current. In addition, second page was not readily available for review by the department.</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>-- I will place a note in front of resident's chart to update Resident's Emergency Information annually or when there's a change of resident's information. I will also include this form into my list of documents that need to be updated annually.</p>	11/03/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(B) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be informed of the conditions under which the Type I ARCH may manage the resident's personal financial affairs as detailed in section 11-100.1-18;</p> <p><b><u>FINDINGS</u></b> Resident #1- No documented evidence of a signed Resident Financial Statement.</p> <p><b>Please send a copy of the financial statement with your plan of correction.</b></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>yes, I corrected this deficiency on 9/12 /25. -- I obtained a signed copy of resident's financial statement from resident's son who is the appointed legal decision maker for resident. --A copy of resident's financial statement is now filed in Mililani Care Home binder and also sent to my Nurse consultant.</p>	<p>11/03/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(B) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be informed of the conditions under which the Type I ARCH may manage the resident's personal financial affairs as detailed in section 11-100.1-18;</p> <p><b><u>FINDINGS</u></b> Resident #1- No documented evidence of a signed Resident Financial Statement.</p> <p><b>Please send a copy of the financial statement with your plan of correction.</b></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>I will use a dashboard as a visual reminder for myself. I will place My list of documents along with their expiration dates on my dashboard to ensure that documents will be updated before/by their expiration dates.</p>	11/03/25

Licensee's/Administrator's Signature: sonia Galvez

Print Name: sonia Galvez

Date: Nov 3, 2025