

12/3/25

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Responsive Caregivers of Hawaii/Popolo Pl.	CHAPTER 89
Address: 99-193 Popolo Place, Aiea, Hawaii 96701	Inspection Date: June 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. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Caregiver #1 – Only Fieldprint result dated 6/6/2023 was available. Caregiver #2 – No Fieldprint result available.</p> <p>Background check requirements were not met.</p> <p>Please submit Fieldprint results for 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>The Operations Director emailed the Nurse Consultant on behalf of the Caregiver #1 & #2 for the Fieldprint code. The Nurse Consultant responded to the Operations Director on 7/2/25 with the Fieldprint code. Caregiver #1 & #2 processed their fieldprint requirement after the code was given.</p> <p>Fieldprint results obtained and submitted.</p>	<p>07/28/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Caregiver #1 – Only Fieldprint result dated 6/6/2023 was available. Caregiver #2 – No Fieldprint result available.</p> <p>Background check requirements were not met.</p> <p>Please submit Fieldprint results for 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>Caregiver #1 & #2 will have their Fieldprint done annually before the expiration date with enough time so that when the Nurse Consultant visits, the results will be available. Fieldprint results will be filed in the folder specific for licensing.</p> <p>The Operations Director will review the fieldprint results and if the results need to be updated, the caregivers will be notified two months prior to the inspection month.</p>	<p>07/28/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><u>FINDINGS</u> Caregiver #1 – “Negative risk assessment (children 1-17 yrs old, who are household members in residential care settings)” in DOH TB Document F dated 11/13/2024 was checked off. PPD skin test was positive but there was no evidence of chest x-ray.</p> <p>Please submit a copy of annual tuberculosis clearance and evidence of negative chest x-ray.</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 #1 contacted her primary care provider for a copy of chest x-ray results that was done on 5/12/2025. One copy of the chest x-ray result was given to the Nurse Supervisor at Responsive Caregivers of Hawaii and the other was filed in the folder specific for licensing.</p> <p>Chest x-ray was obtained and submitted.</p>	07/30/2025

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><u>FINDINGS</u> Caregiver #1 – “Negative risk assessment (children 1-17 yrs old, who are household members in residential care settings)” in DOH TB Document F dated 11/13/2024 was checked off. PPD skin test was positive but there was no evidence of chest x-ray.</p> <p>Please submit a copy of annual tuberculosis clearance and evidence of negative chest x-ray.</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>Caregiver #1 will complete the annual TB clearance (symptom screening) prior to expiration date of 5/12/2025.</p> <p>The Nurse Supervisor will review the general health staff requirements and results. If the results need to be updated, the caregivers will be notified two months prior to the inspection month.</p>	<p>07/30/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><u>FINDINGS</u> Resident #2 (respite) – No self-preservation statement.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Nurse Supervisor at Responsive Caregivers of Hawaii contacted Resident #2 (respite) primary care physician (PCP) on 6/26/25 to have self-preservation statement reviewed. The Nurse Supervisor received Resident #2 revised PE form with self-preservation section completed. Copies were given to the respite and primary caregivers for Resident #2 file.</p>	<p>07/03/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><u>FINDINGS</u> Resident #2 (respite) – No self-preservation statement.</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 primary caregiver was informed to check PE form prior to leaving PCP's office for completion. The respite caregiver will look over required forms for respite care prior to admission into her home.</p>	07/03/2025

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #2 (respite) – No medication order signed/dated by physician.</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>The Nurse Supervisor went to Resident #2 (respite) file at the day program to obtain a signed copy of the 90-day visit form from the 6/6/25 visit listing medication orders. A copy was given to the respite caregiver for Resident #2 respite file.</p>	07/03/2025

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #2 (respite) – No medication order signed/dated by physician.</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 primary caregiver will provide the respite caregiver the current signed and date medication orders prior to respite. The respite caregiver will make sure that medications have current and signed doctor orders prior to admission into the home.</p> <p>Prior to moving in, the caregiver will use the admission checklist so that the required documents are available on request. The documents will be prepared as a new admission.</p>	07/03/2025

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – Two (2) medications at 6/24/2025 bedtime and two (2) medications in 6/25/2025 morning were initialed as given as of 6/24/2025 morning.</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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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – Two (2) medications at 6/24/2025 bedtime and two (2) medications in 6/25/2025 morning were initialed as given as of 6/24/2025 morning.</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 Nurse Supervisor reviewed with the respite caregiver medication administration and documentation on the MAR. The respite caregiver verbally acknowledged that the medications are to be initialed after the medication has been given.</p>	<p>06/25/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #2 (respite) – No annual tuberculosis clearance.</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>The Nurse Supervisor went to Resident #2 (respite) file at the day program to obtain a copy of the current TB clearance. A copy was given to the respite caregiver for Resident #2 respite file.</p>	<p>07/03/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 - "Negative risk assessment (children 1-17 yrs old, who are household members in residential care settings)" in DOH TB Document F dated 5/1/2025 was checked off. There was no annual tuberculosis clearance.</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>The Nurse Supervisor contacted the PCP's office to correct the TB form on 6/26/25. The Nurse Supervisor received Resident #3 revised TB form completed. Copies were given to the respite and primary caregivers for Resident #2 file.</p>	<p>07/03/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (f) All information contained in resident's record shall be treated by the staff as confidential. Written consent of the resident or resident's guardian, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Residents' binders were stored on a bookshelf without a lock in living room.</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>The caregiver obtained a cabinet to have residents' binders and medications locked in the living room.</p>	<p style="text-align: center;">07/02/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (g)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> One (1) respite resident was not recorded in permanent resident register. Corrected during inspection.</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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Licensee's/Administrator's Signature: Fay De Jesus

Print Name: Fay De Jesus

Date: Aug 18, 2025

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AUG 15 2025

Licensee's/Administrator's Signature: Fay De Jesus

Print Name: Fay De Jesus

Date: Dec 3, 2025

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