STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-A)	**64-1510 KAMEHAMEHA HIGHWAY , WAHIAWA, Hawaii, 96786**

(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) COMPLETION DATE
E0000	Initial Comments The facility met the Health Safety Requirements of Appendix "Z"; in accordance with 42 CFR §483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Emergency Preparedness.	E0000		
W0000	INITIAL COMMENTS A focused fundamental Recertification survey was conducted by the Office of Healthcare Assurance on 02/18/26 to 02/20/26. The facility was found not to be in substantial compliance with the requirement at 42 CFR §440.150, Subpart I, Condition of Participation (CoP) for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Survey Dates: 02/18/26 to 02/20/26 Survey Census: 4 Clients Sample Size: 2 Clients	W0000		
W0196	ACTIVE TREATMENT CFR(s): 483.440(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility	W0196		03/05/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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W0196	Continued from page 1 failed to ensure one of two clients (Client (C) 1) received a continues active treatment program. Specifically, C1 was observed to have prolonged idle time at the Adult Day Health (ADH) program. This deficient practice places C1 at risk for loss of current optimal functional status and reduced opportunities for socialization. Findings Include: On 02/18/26 at 10:05 AM, during an observation of C1 at the ADH program, C1 was observed awake, alone, and isolated in a classroom away from other participants, lying on a bed in the corner of the room facing the window. There was no television, music, stimulation, or any other activity provided for C1. At 10:46 AM, C1 continued to be observed awake, alone, and isolated, with no activities provided. At 11:12 AM, C1 was observed seated in a wheelchair in the center of the ADH room with no activity provided. Staff were observed only occasionally adjusting C1's positioning At 11:32 AM, the majority of ADH participants were observed participating in an organized group exercise in a classroom. C1 continued to be observed in the wheelchair with no activity or social interaction. C1 was not included in the organized group exercise through supported/assisted participation. Review of C1's Individual Habilitation Plan (IHP), dated 09/11/25, revealed: "C1 enjoys socializing with peers, watching TV, listening to music, and having consistent routine."	W0196		03/05/2026
W0368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is NOT MET as evidenced by: Based on observation, record review, and staff	W0368		03/05/2026

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W0368	Continued from page 2 interview, the facility failed to ensure medications were administered in accordance with physician orders and properly documented on the Medication Administration Record (MAR) for two of two clients sampled (Client (C) 1 and C2). This deficient practice placed clients at risk for medication errors and potential adverse outcomes. Findings Include: 1) Review of C2's physician order instructed metformin 1000 milligrams (mg), one tab twice a day with meals. The MAR scheduled administration times at 05:00 AM and 05:30 PM. On 02/18/26 at 04:56 PM, C2 was observed eating dinner. At 5:03 PM, the Home Manager (HM) was observed administering medications to C2; metformin was not included. At 5:35 PM, when asked when she planned to administer the metformin, the HM stated she would give it with the rest of his medications at 6:30 PM. The HM was unaware that the medication was required to be administered with meals as ordered by the physician. 2) Review of C1's and C2's MARs indicated medications scheduled for the night shift on 02/17/26 were not administered. There was no indication the medications were given, held, refused, or otherwise addressed. C1 was not administered dry mouth oral rinse, dry mouth moisturizing spray, sodium chloride, 1/2 a bottle of ensure, thick-it with water, and fiber powder. C2 was not administered metformin, aspirin, risperidone, and chlorhexidine rinse. At 5:36 PM, a concurrent review of C1's and C2's MARs confirmed there was no documentation indicating the 6:30 PM medications on 02/17/26 had been administered, nor any documentation indicating	W0368		03/05/2026

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W0368	Continued from page 3 they were not administered. On 02/19/26 at 11:15 AM, during an interview, Case Manager (CM) 1 stated that if the MAR was not signed, the medication was not administered..	W0368		03/05/2026
W0482	DINING AREAS AND SERVICE CFR(s): 483.480(d)(1) The facility must serve meals for all clients, including persons with ambulation deficits, in dining areas, unless otherwise specified by the interdisciplinary team or a physician. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure dinner was served in designated dining areas for all clients, including those unable to ambulate, for one of two clients sampled (C1). Findings Include: At 5:08 PM, clients were observed in the dining room eating dinner. At the same time, C1 was observed in his room with Direct Service Worker (DSW) 2 holding a bowl of pureed food. C1 was in bed and not in the dining room. When asked if there was a reason C1 could not eat in the dining room, DSW2 stated they would have to get C1 up. DSW2 then asked this surveyor if she should get C1 up. This surveyor did not respond. DSW2 then asked the Home Manager (HM) for assistance to get C1 into his wheelchair and bring him to the dining room. By the time HM and DSW2 brought C1 to the dining room, the other clients had finished their meal. On 02/20/26 at 09:38 AM, during an interview, Case Manager (CM) 1 stated there was no medical reason for C1 to not eat in the dining room with his peers. CM1 stated staff likely kept him in his room for their convenience. Review of the facility's policy and procedure "Food and Nutritional Service" documented "Meals for all clients will be served in dining areas."	W0482		03/05/2026