

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> AAA Care Home	CHAPTER 100.1
<b>Address:</b> 4368 Laakea Street, Honolulu, Hawaii 96818	<b>Inspection Date:</b> February 24, 2026 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"/> §11-100.1-15 Medications. (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.  <b>FINDINGS</b> Tiger balm and Refresh eye drops were left unsecured on binder cabinet. Corrected during the inspection.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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.  <b>FINDINGS</b> Tiger balm and Refresh eye drops were left unsecured on binder cabinet. Corrected during the inspection.	<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>All employee personal medications, ointments, etc. should be keep in the locked employee bathroom.</p> <p>To prevent this deficiency from happening again, I created a sign posted to the binder cabinet to say, "No personal medications, ointments, etc". This sign will serve as a reminder and I will train my SCGs to look at the sign".</p>	<p style="text-align: center;">02/24/2026</p> <p style="text-align: center;">05/19/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  <u>FINDINGS</u> Medication Cabinet (internal medicine only) was not locked upon department arrival. Corrected during the inspection.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  <b>FINDINGS</b> Medication Cabinet (internal medicine only) was not locked upon department arrival. Corrected during the inspection.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></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>At the start of the shift, caregiver has to clip a key holder on their pants while on duty.</p> <p>To prevent this deficiency from happening again, I created a sign posted to the medication cabinet to say, "KEEP THIS LOCK ALL THE TIME!". This sign will serve as a reminder and I will train my SCGs to look at the sign".</p>	<p style="text-align: center;">02/25/2026</p> <p style="text-align: center;">05/19/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.  <b><u>FINDINGS</u></b> Resident #1 self-administers insulin subcutaneous injections. There was no written policy for medication self-administration.	<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>Created Insulin Administration Policy, printed a copy then filed in a binder.</p>	02/25/2026

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.  <b>FINDINGS</b> Resident #1 self-administers insulin subcutaneous injections. There was no written policy for medication self-administration.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>Created Insulin Administration Policy, printed a copy then filed in a binder.</p> <p>"To prevent this deficiency from happening again, I as PCG will ADD on my checklist to say, "include self administration policy" for any residents that self administers. This checklist will be placed in my office area so that it serves as a reminder when I do my monthly audit."</p>	<p style="text-align: center;">02/25/2026</p> <p style="text-align: center;">05/19/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include:  Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;  <u><b>FINDINGS</b></u> Resident #1 was having breakfast at 10:45am upon department arrival. Per primary care giver (PCG), the resident was unable to wake up early to have breakfast at the scheduled time. Resident #1 having meals at differed times was not documented.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(3) During residence, records shall include:  Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;  <b>FINDINGS</b> Resident #1 was having breakfast at 10:45am upon department arrival. Per primary care giver (PCG), the resident was unable to wake up early to have breakfast at the scheduled time. Resident #1 having meals at differed times was not documented.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></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>Updated the monthly progress notes form to include patient's meal time.</p> <p>To prevent this deficiency from happening again, I as PCG will add on my checklist to say, "include meal time order" for any residents that eats at a later time. This checklist will be placed in my office area so that it serves as a reminder when I do my monthly audit.</p>	<p style="text-align: center;">03/02/2026</p> <p style="text-align: center;">05/19/2026</p>

<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:  An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;  <u><b>FINDINGS</b></u> Residents' binder cabinet was not locked upon department arrival. Corrected during the inspection.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(3) General rules regarding records:  An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;  <b>FINDINGS</b> Residents' binder cabinet was not locked upon department arrival. Corrected during the inspection.	<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>At the start of the shift, caregiver has to clip a key holder on their pants while on duty.</p> <p>To prevent this deficiency from happening again, I created a sign posted to the medication cabinet to say, "KEEP LOCK ALL THE TIME!". This sign will serve as a reminder and I will train my SCGs to look at the sign".</p>	<p style="text-align: center;">02/25/2026</p> <p style="text-align: center;">05/19/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.  <b>FINDINGS</b> Resident #1 – Order included Hydrochlorothiazide 12.5mg/tab, take 1 tab daily only if having issues with leg swelling. Hold if SBP under 100. There was no record that leg swelling was assessed daily.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards: (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.  <b>FINDINGS</b> Resident #1 – Order included Hydrochlorothiazide 12.5mg/tab, take 1 tab daily only if having issues with leg swelling. Hold if SBP under 100. There was no record that leg swelling was assessed daily.	<p style="text-align: center;"><b>PART 2</b> <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>Hydrochlorothiazide was discontinued on 2/4/26. PCG created extra column on MAR to indicate daily the following:</p> <ul style="list-style-type: none"> <li>- no leg swelling</li> <li>+ slightly leg swelling</li> <li>++ moderately leg swelling</li> <li>+++ sever leg swelling</li> </ul>	<p style="text-align: center;">02/24/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(6) 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:  Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;  <u><b>FINDINGS</b></u> Resident #1 – "NURSING EDUCATION AND DELEGATION OF SPECIALIZED CARE" form including foley catheter management and insulin administration was signed and dated by RN case manager and PCG on 1/5/26. There were no training materials available to confirm that training was provided. Foley catheter was removed on 2/3/26.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(6) 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:  Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;  <b>FINDINGS</b> Resident #1 – "NURSING EDUCATION AND DELEGATION OF SPECIALIZED CARE" form including foley catheter management and insulin administration was signed and dated by RN case manager and POG on 1/5/26. There were no training materials available to confirm that training was provided. Foley catheter was removed on 2/3/26.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>Created "Skills &amp; Competency Review" form for ARCH resident with columns on delegated skills, initial and annual training date, pass or fail, comments, date, RN Case Manager signature &amp; caregivers' signatures.</p>	<p style="text-align: center;">03/02/2026</p>

Licensee's/Administrator's Signature:



Print Name: MELITA MANALANG

Date: Mar 12, 2026

Licensee's/Administrator's Signature:



Print Name:

MELITA MANALANG

Date:

Mar 12, 2026



MELITA MANALANG

May 19, 2026