

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Adult Res Care Home	CHAPTER 100.1
Address: 1654 Hauiki Street, Honolulu, Hawaii 96819	Inspection Date: March 18, 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"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Observed a cleaning agent 'Ajax' under the sink cabinet in resident bathroom, unsecured. Item was removed 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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Observed a cleaning agent 'Ajax' under the sink cabinet in resident bathroom, unsecured. Item was removed during inspection.</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>In the future after using /done/ w the ajax or any cleaning agents I have to put ^{away} the ajax right away and to be kept in a locked cabinet @ all times; where my cleaning agents are.</p>	<p style="text-align: right;">4-2-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1— The medications ordered on 12/2/25 were not entered into the Medication Administration Record (MAR). There is no documentation indicating that the medications were administered, held, or refused</p> <ul style="list-style-type: none"> - Prednisone 50 mg, 1 tablet by mouth (PO), for 5 days with food or milk - Furosemide 20 mg, 1 tablet PO daily - Oseltamivir phosphate 75 mg, 1 capsule PO twice daily for 5 days - Azithromycin 250 mg, 2 tablets PO today, then 1 tablet daily for 4 days. 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1— The medications ordered on 12/2/25 were not entered into the Medication Administration Record (MAR). There is no documentation indicating that the medications were administered, held, or refused</p> <ul style="list-style-type: none"> - Prednisone 50 mg, 1 tablet by mouth (PO), for 5 days with food or milk - Furosemide 20 mg, 1 tablet PO daily - Oseltamivir phosphate 75 mg, 1 capsule PO twice daily for 5 days - Azithromycin 250 mg, 2 tablets PO today, then 1 tablet daily for 4 days. 	<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>In the future I have to make sure I have to enter the medications ordered to my MAR right away or to document it to my MAR right away. After administering the medication to sign after. Document when the meds started and when is the last dose of the medicine.</p>	<p style="text-align: right;">4-2-2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #2— There is no documentation of tuberculosis clearance using the required DOH form signed by a physician or APRN.</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 style="text-align: center;">- To bring her on April 17 for her FIN appt. and the TB clearance (DOH) forms to be signed by her PMD on that day.</p>	<p style="text-align: center;">4-2-26</p>

☑	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§17-106]-17 Records and reports (9)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis.</p> <p>FINDINGS Resident #2— There is no documentation of tuberculosis clearance using the required DOT form signed by a physician or APRN.</p>	<p>PART 2 FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on I will have documents ready before going to hot doctor w going to Karahida to be sign by them (Documents for tuberculosis clearance) - by means of memory tool - to a checklist - a pocket of paper works attached to shirt (infront of the binder)</p>	4/24/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1— December monthly progress did not mention resident's change in condition that led to orders of antibiotic medications or the resident's response to antibiotics.</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>- Done in the December progress notes: documented that resident change in condition. that led to orders of antibiotic. Documented the response of the antibiotics w/c is effective.</p>	<p style="text-align: right;">4-2-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1— December monthly progress did not mention resident's change in condition that led to orders of antibiotic medications or the resident's response to antibiotics.</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>to document the resident condition to progress notes right away Any resident changes + etc. And to write the orders right away (ordered meds) like antibiotics And to document right away the antibiotics and its effectiveness or ineffective.</p>	<p style="text-align: right;">4-2-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p>FINDINGS Resident #1— No documentation of a physician visits every four (4) months or more frequently.</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> <ul style="list-style-type: none"> - Made an appt. to PH. C PMD on April 17th - Attached to chart (physician's orders/note the last visit to PMD w/c i forgot to put / attached. 	<p style="text-align: center;">4-2-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><u>FINDINGS</u> Resident #1— No documentation of a physician visits every four (4) months or more frequently.</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>- In the future I have to make sure I will attached to chart any visit summary from PMD or physician visits = every 4 months. file them to fax me right away for any visit because sometimes they said they will fax it.</p>	<p style="text-align: right;">4-2-2024</p>

Licensee's/Administrator's Signature: Delia G. Laurena

Print Name: DELIA G - LAURENA

Date: 4-2-2024

12

Licensee's Administrator's Signature: Debra G. Lawrence
Print Name: Debra G. LAURENT
Date: April 24, 2016