Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Armando Biacan Care Home**	**CHAPTER 100.1**
Address: 94-565 Loaa Street, Waipahu, Hawaii 96797	**Inspection Date: March 9, 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
[illegible] Personnel, staffing and family requirements. [illegible] who either reside or provide care or services [illegible] Expect EARCH shall have documented [illegible] and annual tuberculosis clearance. **FINDINGS** [illegible] tuberculosis clearance documented for Primary [illegible] Person, Substitute Care Giver (SCG) #1, SCG [illegible] and SCG #4	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, PCG, SCG#1, SCG#2, SCG#3, and SCG#4 completed the initial TB clearance & all documents were stored in staff binder.	3/16/26

RULES (CRITERIA)

[illegible] staffing and family requirements.

[illegible] shall have documented [illegible] and annual tuberculosis clearance.

FINDINGS

[illegible] tuberculosis clearance documented for Primary [illegible] Substitute Care Giver (SCG) 1, SCG [illegible] SCG 3.

PLAN OF CORRECTION

Completion Date

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

To ensure this doesn't happen again, PCG will double check TB documents to ensure both initial & annual TB clearances were completed & given to PCG to put in the appropriate binders. PCG will check these documents monthly. 3/10/26

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] Medications shall be [illegible] Drugs shall be stored under proper conditions of sanitation, [illegible] adequate ventilation, segregation, and [illegible] Medications that require storage in a refrigerator [illegible] be properly labeled and kept in a separate locked [illegible] **FINDINGS** [illegible] Resident's medication bottle containing [illegible] 500 mg tablets had an expiration date of [illegible]	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, resident #1's medications are going to be reviewed & signed by physician to ensure resident has correct & up-to-date medications.	3/16/26

RULES (CRITERIA)

[illegible] Medications [illegible]

[illegible] stored under proper conditions of sanitation, [illegible] space, ventilation, segregation and [illegible] that require storage in a refrigerator [illegible] kept in a separate locked [illegible]

FINDINGS

[illegible] resident's medication bottle containing [illegible] tablets had an expiration date of [illegible]

PLAN OF CORRECTION

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

To ensure this doesn't happen again, all medications will be checked every 4 months to ensure medications are not empty/expired.

Completion Date

3/16/26

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] Medications are [illegible] be provided for each resident's [illegible] shall be segregated accordingly [illegible] use **FINDINGS** [illegible] internal and external medications were not [illegible]	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, external medications (creams) for resident #2 were kept seperate from internal medications. External medications were stored in a clear ziplor bag & locked in the medicine cabinet.	3/9/26

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] Medications [illegible] shall be provided for each resident's [illegible] shall be segregated according to [illegible] use. FINDINGS [illegible] internal and external medications were not [illegible]	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure this doesn't happen again, all external medications will be stored seperately in a clear ziploc bag or locked box. This will be separated from internal medications.	3/1/26

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] Medications [illegible] A [illegible] orders shall be reevaluated and signed by the [illegible] APRN every four months or as ordered by the [illegible] APRN, not to exceed one year. FINDINGS [illegible] Medications are not being reviewed and signed by the physician every 4 months.	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, a doctor appointment with resident #1's APRN was scheduled where resident's medications will be reviewed & signed. Documents will be stored in resident's binder.	3/16/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
FINDINGS	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

To ensure this doesn't happen again, a chart was created to show when medication orders for each resident was evaluated and when it must be re-evaluated by their physician.

3/12/24

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible]	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
[illegible] shall be taken by the resident, shall be documented on the resident's medication record, with date, [illegible] initiated by the care giver FINDINGS [illegible] Care Giver did not document on the [illegible] medications record that medications were [illegible] Resident from 02/06/2026-02/09/2026	Yes, PCG documented medications administered for the missing dates.	3/13/26

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] Medication records [illegible] and supplements such as vitamins. [illegible] medication when taken by the resident shall be [illegible] resident's medication record, with date [illegible] shall be initialed by the care giver FINDINGS [illegible] Care Giver did not document on the [illegible] medication record that medications were [illegible] the resident from 02/06/2026 02/09/2026	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure this doesn't happen again, care giver will document on medications administration record after each administration throughout the day (ex after giving AM medications). PCC will check MARs at the end of each month to ensure all appropriate areas are initialed.	3/13/26

RULES (CRITERIA)

FINDINGS

PLAN OF CORRECTION

Completion Date

PART I

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

Yes. resident #1 was scheduled for annual TB test & TB test 3/16/26 document will be stored in resident's binder.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] Keep records and reports about [illegible] [illegible] records shall include [illegible] examinations and other periods [illegible] communications, evaluations progress notes, relevant laboratory reports, and a report of annual tb [illegible] tuberculosis FINDINGS [illegible] No current annual clearance for tuberculosis [illegible]	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure this doesn't happen again, PCG will double check all documents (ex: annual physical, TB test, etc) once a month to ensure they are correct & completed before expiration dates. For resident #1, the document for TB was only an assessment & not the annual skin test. Therefore, the correct test & document will be completed.	3/16/26

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] records and reports shall be [illegible] records A [illegible] register shall be maintained to record [illegible] admissions and discharges of residents. **FINDINGS** [illegible] No documentation of resident's admission in [illegible] register	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, resident #1's admission was added in the care home register.	3/12/25

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] Records and reports shall be [illegible] [illegible] records [illegible] A register shall be maintained to record [illegible] and discharges of residents. **FINDINGS** [illegible] No documentation of resident's admission in [illegible] the register	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure this doesn't happen again, all residents will be documented on day of admission in the care home register. PCG will check the care home register once a month to ensure it is up-to-date.	2/12/20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] Residents and primary care givers' rights [illegible]	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
[illegible] responsibilities [illegible] [illegible] understanding, respect, and full [illegible] of the resident's dignity and individuality. [illegible] treatment and in care of the resident's [illegible] needs FINDINGS [illegible] No consent found for the use of video [illegible] resident's room and the common areas	Yes, the consent form was reviewed & signed by resident & family prior to admission. However, we could not locate the form. Thus, we informed resident's family and asked if they could re-sign the consent form. Family gave the OK & consent form was stored in resident's binder.	3/16/26

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[illegible] are given rights and [illegible] responsibilities [illegible] respect and full [illegible] diversity and individuality. [illegible] and in care of the resident's [illegible] FINDINGS [illegible] and for the use of video [illegible] room and the common areas	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure this doesn't happen again, all consent & agreement forms will be signed and completed by resident and/or family prior to admission and these forms will be stored in resident's binders.	3/13/26

Executor / Administrator's Signature

Print Name

Date 22/12/21