

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Cacal, Evelyn	<b>Chapter:</b> 100.1
<b>Address:</b> 94-1161 Hinaea Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> June 1, 2026 Relicensing Inspection

**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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.**

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (c)</p> <p>Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 – External medication (e.g. latanoprost) stored together with internal medications</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (c)</p> <p>Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 – External medication (e.g. latanoprost) stored together with internal medications</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (e)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 – Physician’s order dated 6/10/25-current states, “Continue eye drops latanoprost, 1 drop in PM daily”; however, medication order incomplete as it does not include which eye(s) to administer</p> <p>Submit a copy of updated physician's order with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (e)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 – Physician’s order dated 6/10/25-current states, “Continue eye drops latanoprost, 1 drop in PM daily”; however, medication order incomplete as it does not include which eye(s) to administer</p> <p>Submit a copy of updated physician's order with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (e)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – Monthly medication administration records (MARs) from 6/1/2025-current (6/1/26) unavailable</p> <p>Submit a copy of current MARs with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (e)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – Monthly medication administration records (MARs) from 6/1/2025-current (6/1/26) unavailable</p> <p>Submit a copy of current MARs with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (f)</p> <p>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><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – No documented evidence medications have been made available as prescribed from 6/1/25-current day (6/1/26). Medication administration records (MARs) unavailable</p> <p>Submit a copy of current MARs with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (f)</p> <p>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><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – No documented evidence medications have been made available as prescribed from 6/1/25-current day (6/1/26). Medication administration records (MARs) unavailable</p> <p>Submit a copy of current MARs with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (m)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – Monthly MARs from 6/1/2025-current (6/1/26) unavailable for review</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (m)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – Monthly MARs from 6/1/2025-current (6/1/26) unavailable for review</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-16 Personal care services. (i)</p> <p>The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident’s physician or APRN.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 – No documented evidence a pneumococcal vaccination was offered to be arranged by the facility</p> <p>Submit a copy of vaccination or declination from resident with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-16 Personal care services. (i)</p> <p>The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident’s physician or APRN.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 – No documented evidence a pneumococcal vaccination was offered to be arranged by the facility</p> <p>Submit a copy of vaccination or declination from resident with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (a)(1)</p> <p>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 - Admission assessment for admission on 05/22/2025 unavailable</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (a)(1)</p> <p>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 - Admission assessment for admission on 05/22/2025 unavailable</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (b)(5)</p> <p>During residence, records shall include:            Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – Monthly MARs from 6/1/2025-current (6/1/26) unavailable for review</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (b)(5)</p> <p>During residence, records shall include:            Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – Monthly MARs from 6/1/2025-current (6/1/26) unavailable for review</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (g)</p> <p>All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, 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><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – Monthly MARs from 7/1/2025-current (6/1/26) unavailable at the request of the department</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 Records and reports. (g)</p> <p>All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, 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><b><u>FINDINGS:</u></b></p> <p>Resident #1-5 – Monthly MARs from 7/1/2025-current (6/1/26) unavailable at the request of the department</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-20 Resident health care standards. (e)</p> <p>Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 – Annual dental exam unavailable</p> <p>Submit a copy of annual dental exam or declination from resident with plan of correction</p>	<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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-20 Resident health care standards. (e)</p> <p>Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1 – Annual dental exam unavailable</p> <p>Submit a copy of annual dental exam or declination from resident with plan of correction</p>	<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>	

Licensee's/Administrator's Signature:

Print Name:

Date: