

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & J	Chapter: 100.1
Address: 94-276 Pupukoa Street, Waipahu, Hawaii 96797	Inspection Date: May 11, 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>§11-100.1-9 Personnel, staffing and family requirements. (b)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS:</u></p> <p>SCG #2 - Initial TB clearance unavailable</p> <p>Submit a copy with plan of correction</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>	

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<p>§11-100.1-13 Nutrition. (b)</p> <p>Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS:</u></p> <p>Resident #1 – Physician’s order dated 4/16/26-4/30/26, “Renal 60-3-2-1 diet, regular texture, thin liquid consistency”; however, special diet menu used during stated time period was unavailable</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>	

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<p>§11-100.1-13 Nutrition. (d)</p> <p>Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS:</u></p> <p>Resident #1 – Physician’s order dated 4/30/26-current states, “No added salt (<2g sodium/day), no concentrated sweet/starch, low saturated fat/cholesterol diet” and “low potassium diet”; however, diet menu not posted in kitchen/dining area</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>	

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<p>§11-100.1-13 Nutrition. (l)</p> <p>Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS:</u></p> <p>Resident #1 – Physician’s order dated 4/30/26-current states, “No added salt (<2g sodium/day), no concentrated sweet/starch, low saturated fat/cholesterol diet” and “low potassium diet”; however, no documented evidence diet order was clarified with physician</p> <p>Submit a copy of clarified diet order with plan of correction</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>	

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<p>§11-100.1-14 Food sanitation. (a)</p> <p>All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS:</u></p> <p>Expired canned food items (e.g., boxes of Mac & Cheese, instant ramen, various beans, gravy, and sesame seeds) stored in pantry</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>	

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<p>§11-100.1-14 Food sanitation. (d)</p> <p>Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS:</u></p> <p>Kitchen refrigerator temperature measuring at 60°F</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>	

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<p>§11-100.1-17 Records and reports. (f)(4)</p> <p>General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS:</u></p> <p>Resident #1 – Per admission assessment dated 4/18/26, emergency procedures was not explained to the resident/family member or legal representative at the time of admission</p> <p>Submit documented evidence that emergency procedures were explained to the resident/family member or legal representative with plan of correction</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>	

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<p>§11-100.1-17 Records and reports. (f)(4)</p> <p>General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS:</u></p> <p>Resident #1 – Per admission assessment dated 4/18/26, emergency procedures was not explained to the resident/family member or legal representative at the time of admission Submit documented evidence that emergency procedures were explained to the resident/family member or legal representative with plan of correction</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>	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-23 Physical environment. (o)(1)(C)</p> <p>Bedrooms: General conditions: Family members shall not sleep in residents' bedrooms;</p> <p><u>FINDINGS:</u></p> <p>Bedroom #3 – Licensed bedroom occupied by PCG’s family member</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>	

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Licensee's/Administrator's Signature:

Print Name:

Date: