Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jociel Adult Care Services LLC	**Chapter:** 100.1
Address: 83 Kilani Avenue, Wahiawa, Hawaii 96786	**Inspection Date:** June 3, 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
§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; **FINDINGS:** PCG – No documentation that six (6) hours of continuing education was completed in the past twelve months Submit evidence of six hours of completed continuing education with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; **FINDINGS:** PCG – No documentation that six (6) hours of continuing education was completed in the past twelve months Submit evidence of six hours of completed continuing education with 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?**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS:** Resident #1 – No documented evidence prescribed medications were made available as ordered for the month of 9/2025	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS:** Resident #1 – Physician's order dated 4/30/26 states, "Trazodone (Desyrel) 50mg tablet, Take 2 tabs by mouth every night at bedtime. May also take 1 tab at bedtime as needed (Insomnia)"; however, no documented evidence medication order was made available on 4/30/26	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS:** Resident #1 – Physician's order dated 4/30/26 states, "Trazodone (Desyrel) 50mg tablet, Take 2 tabs by mouth every night at bedtime. May also take 1 tab at bedtime as needed (Insomnia)"; however, no documented evidence medication order was made available on 4/30/26	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS:** Resident #1 – Per physician's order dated 10/16/25, Losartan dosage was increased from 50mg to 100mg daily; however, per MAR, "Losartan Potassium 50mg Tab: Cozaar Take 1 tablet by mouth one time per day" was still being made available from 10/17/25-10/31/25	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS:** Resident #1 – Physician's order dated 4/1/26 states, "Refresh Optive Artificial Tears 1 gtt QID OU PRN irritation"; however, per MAR, medication was not made available until 6/1/26	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS:** Resident #1 – The following medications prescribed on 7/14/25 were not made available to the resident until 5/1/26: • "acetaminophen extra strength 500mg tablet Take 2 tablets by mouth every 6 hours as needed for Fever" • "ondansetron 4mg tbdl Take 1 tablet by mouth every 8 hours as needed for nausea/vomiting"	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS:** Resident #2 – Montelukast 10mg, 1 tab daily was discontinued on 11/7/25. MAR was initialed as given until 11/20/25	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (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. **FINDINGS:** Resident #1 – No documented evidence medications were made available to the resident as prescribed for the month of 9/2025	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS:** Resident #1 – Medications were not reevaluated timely every 4 months between 10/16/25-4/30/26	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS:** Resident #1 – The following medications prescribed on 7/14/25 have not been reevaluated timely: • "acetaminophen extra strength 500mg tablet Take 2 tablets by mouth every 6 hours as needed for Fever" • "ondansetron 4mg tbdl Take 1 tablet by mouth every 8 hours as needed for nausea/vomiting" Submit a copy of updated or discontinued physician's orders with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (m) 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. **FINDINGS:** Resident #1 - No documented evidence medications were taken by the resident as prescribed for the month of 9/2025	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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; **FINDINGS:** Resident #1 – Melatonin PRN administered daily from 10/1/25-2/28/26; however, no documented evidence sleep issues were being documented warranting daily PRN medication. No documented evidence sleep issues improved since melatonin has not been administered since 2/28/26.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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§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; **FINDINGS:** Resident #1 – Melatonin PRN administered daily from 10/1/25-2/28/26; however, no documented evidence sleep issues were being documented warranting daily PRN medication. No documented evidence sleep issues improved since melatonin has not been administered since 2/28/26.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

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§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; **FINDINGS:** RPC-1 - Resident #1 – Medication changes, response to treatment, diet, activities were not recorded in monthly progress notes in from 6/2025-3/2026 Resident #2 – Medication changes, response to treatment, diet, activities were not recorded in monthly progress notes in 4/2026	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(5) During residence, records shall include: Entries detailing all medications administered or made available; **<u>FINDINGS:</u>** Resident #1 - No documented evidence medications were administered or made available for the month of 9/2025	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(5) During residence, records shall include: Entries detailing all medications administered or made available; **FINDINGS:** Resident #1 - No documented evidence medications were administered or made available for the month of 9/2025	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

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§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS:** Resident #2 – Medication list in Emergency Information Sheet was not up to date. Submit a copy of updated Emergency Information Sheet with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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§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. **FINDINGS:** Resident #1 – Physician report dated 6/25/25 states, "Schedule a televideo with me in 3 weeks to adjust her BP meds"; however, no documented evidence follow-up visit occurred as next PCP visit occurred on 10/16/26	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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§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. **FINDINGS:** Resident #1 – Physician's order dated 6/25/25-10/16/25 states, "BP taken q weekly but if BP >140 +/or DBP >90, check daily. 1st thing in AM after she rests for 5 min. Notify MD if BP reading over 140s"; however, blood pressure was not taken for 10 days between 8/1/25-8/11/25	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

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§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. **FINDINGS:** Resident #1 – Progress note dated 7/16/25 states, "Called PCP office to make a follow up appointment. They recommended to call after 2 weeks and if it worse then bring patient to the ER…"; however, resident did not attend a post ER follow-up visit. Next PCP visit attended was an annual wellness visit on 10/16/26	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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. **FINDINGS:** Resident #1 – Progress note dated 7/16/25 states, "Called PCP office to make a follow up appointment. They recommended to call after 2 weeks and if it worse then bring patient to the ER…"; however, resident did not attend a post ER follow-up visit. Next PCP visit attended was an annual wellness visit on 10/16/26	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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. **FINDINGS:** Resident #1 – Physician's order dated 10/16/25 states, "Please have caregiver check pt's BP once a day in the AM after patient rests for 5 minutes after waking up"; however, MAR order from 5/1/26-current day states, "Take BP weekly but if SBP >140 or DBP > 90 check daily 1st thing in AM after she rests for 5 min. notify MD if BP monitoring over 140s" Submit a copy of revised TAR with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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. **FINDINGS:** Resident #1 – Physician's order dated 10/16/25 states, "Please have caregiver check pt's BP once a day in the AM after patient rests for 5 minutes after waking up"; however, MAR order from 5/1/26-current day states, "Take BP weekly but if SBP >140 or DBP > 90 check daily 1st thing in AM after she rests for 5 min. notify MD if BP monitoring over 140s" Submit a copy of revised TAR with 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?**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(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; **FINDINGS:** Resident #1 – Current annual TB clearance unavailable Submit a copy with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(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; **FINDINGS:** Resident #1 – Current annual TB clearance unavailable Submit a copy with 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?**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(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; **FINDINGS:** Resident #2 – Physical exam dated 2/10/26 stated that "see note". There was no notes available. Physical exam incomplete. Submit a copy of completed physical exam with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(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; **FINDINGS:** Resident #2 – Physical exam dated 2/10/26 stated that "see note". There was no notes available. Physical exam incomplete. Submit a copy of completed physical exam with 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?**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS:** No documented evidence any quarterly fire drill was conducted during hours of darkness	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS:** No documented evidence any quarterly fire drill was conducted during hours of darkness	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary caregiver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS:** No documented evidence smoke alarms were tested in the months of 4/2026 and 5/2026	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary caregiver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS:** No documented evidence smoke alarms were tested in the months of 4/2026 and 5/2026	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

Licensee's/Administrator's Signature:

Print Name:

Date: