

5/14/26

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Mary Ann's</b>	<b>CHAPTER 100.1</b>
<b>Address: 745Puu Kala Street, Pearl City, Hawaii 96782</b>	<b>Inspection Date: February 13, 2026 Annual</b>

**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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (b)            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><b><u>FINDINGS</u></b>            Primary care giver (PCG) and Substitute care giver (SCG)            #1 - No current annual tuberculosis (TB) clearance.</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> <p>This deficiency was corrected by contacting Hawaii Department of Health (Lanakila Health Center) inquired on how to get an annual clearance, the clinic advice is to have an X-ray done. Made an appointment and clearance was issued on the day when X-ray was done.</p>	<p style="text-align: center;">02/16/2026</p> <p style="text-align: right; font-size: small; opacity: 0.5;">             STATE OF HAWAII              DEPARTMENT OF HEALTH              DIVISION OF LICENSING              26 FEB 16 PM 3:37           </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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><b><u>FINDINGS</u></b> Primary care giver (PCG) and Substitute care giver (SCG) #1 - No current annual tuberculosis (TB) clearance.</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> <p>In the future to ensure that this deficiency won't happen again, a) When in doubt call Nurse consultant for clarification on matters that unsure. b) Don't rely on hearsay always clarify for changes. c) Stay updated with new changes in the department.</p>	<p>02/16/2026</p> <p style="text-align: right; color: gray;">26 APR 16 P 2:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l)  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><b><u>FINDINGS</u></b>  Resident #1 is on a "Regular pureed consistency, thin liquids" diet. For lunch, pureed turkey sandwich (turkey cold cuts, mayo, wholewheat bread), pureed fresh orange with pith, and pureed salad (lettuce, tomato, soybeans) were provided. Posted menu does not meet requirements for pureed diet.</p> <p>Please submit weekly menus (7 days) for the special diet menu for department review.</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> <p>Special Diet order was changed to regular soft texture and thin liquids. A copy of a week menu was sent to OCHA/ DOH for review..m</p>	<p>05/13/2026</p> <p style="text-align: right; color: purple;">26 MAY 14 17:55</p> <p style="text-align: right; color: purple; font-size: small;">STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1)  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><b><u>FINDINGS</u></b>  Resident #1 is on a “Regular pureed consistency, thin liquids” diet. For lunch, pureed turkey sandwich (turkey cold cuts, mayo, wholewheat bread), pureed fresh orange with pith, and pureed salad (lettuce, tomato, soybeans) were provided. Posted menu does not meet requirements for pureed diet.</p> <p>Please submit weekly menus (7 days) for the special diet menu for department 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> <p>To ensure that it doesn't happen again Home will ensure to follow MD orders for special diet residents. Follow weekly menus for special diet residents. When in doubt clarify with OCHA Dietitian also, get updates for any changes.</p>	<p>04/15/2026</p> <p style="text-align: right; color: blue; font-size: small;">26 Apr 14 10:2:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) 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> Resident #1 – Order is Acetaminophen 325mg tab, 2 tabs, every 6 hours PRN for pain. Medication available at home is acetaminophen 500mg caplets. 500mg tab was removed and new Over-The-Counter acetaminophen 325mg tab was made available during the inspection.</p>	<p style="text-align: center;">PART 1</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>	<p style="text-align: right;">26 APR 14 12:37</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) 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> Resident #1 – Order is Acetaminophen 325mg tab, 2 tabs, every 6 hours PRN for pain. Medication available at home is acetaminophen 500mg caplets. 500mg tab was removed and new Over-The-Counter acetaminophen 325mg tab was made available during the inspection.</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> <p>To ensure that it doesn't happen again, caregiver will;</p> <p>a) ensure to have an open communication with SCG about changes in medication to avoid confusion.</p> <ol style="list-style-type: none"> <li>1. remove old medication from the medication tray/basket/container.</li> <li>2. replace it the new ordered medication</li> <li>3. make sure that ordered medication coincide both label and the medication record and recorded on the progress notes.</li> </ol>	<p style="text-align: center;">02/13/2026</p> <p style="text-align: right; color: purple; font-size: small;">26 APR 13 9:2:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (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.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Order is Metoprolol Tartrate 25mg 1 tab BID Hold SBP&lt;100 or HR &lt;60/min. HR is not recorded in January 2026 and February 2026.</p>	<p style="text-align: center;">PART 1</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>	<p style="text-align: right;">26 APR 15 12:37</p>

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☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Order is Metoprolol Tartrate 25mg 1 tab BID Hold SBP&lt;100 or HR &lt;60/min. HR is not recorded in January 2026 and February 2026.</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> <p>To ensure that this deficiency won't happen again in the future caregiver will;</p> <p>a) Clarify with the MD the current order for better understanding.</p> <p>b) Relay to SCG what is the clarified MD order</p> <p>c) Ensure proper documentation/ avoid incomplete records.</p> <p>d) Flagged with post it as reminder what to record on the resident's binder.</p>	<p>02/13/2026</p> <p style="text-align: right; font-size: small; color: gray;">26 APR 16 P 2:37 STATE BOARD OF NURSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> In resident bedroom #3, the mattress was sagging in the middle with a large depression in the center.</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> <p>This deficiency was corrected by changing both mattress and egg crate.</p>	<p style="text-align: center;">03/01/2026</p> <p style="text-align: right; font-size: small; color: gray;">       STATE COURT        PART 1        STATE L. JAMES        26 APR 16 P 2:37     </p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4)  Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No record that influenza/pneumococcal vaccination was offered/given.</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> <ol style="list-style-type: none"> <li>1. Secured a copy of Flu vaccine record from Long's Drug.</li> <li>2. Had a conversation with a family member(POA) regarding regarding Pneumococcal vaccine and per son "not aware but suggested to clarify with MD and in case that resident doesn't have one, family prefer not to take it. Conversation was followed up with an email from family to confirm.</li> <li>3. Called PCP (a long time family doctor) and also verified that there is no documentation that the resident had one.</li> </ol>	<p style="text-align: center;">02/15/2025</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN  STATE LIAISON</p>

26 APR 15 12:37

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Licensee's/Administrator's Signature: me

Print Name: Mary Ann Ford

Date: May 13, 2026

26 MAY 14 A 7:55  
STATE LICENSING