Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mercy Full Care Giving	**CHAPTER 100.1**
Address: **98-1488 Hoomahie Loop, Pearl City, Hawaii 96782**	**Inspection Date: March 6, 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
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1— Resident readmitted to home with post-hospital assessment indicating increased level of care needs to intermediate care facility (ICF)/skilled nursing facility (SNF). Current admission exceeds licensed capacity and is not appropriate for the home's licensed level of care.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Client has been transferred to 888 ARCH LLC. on 04/30/26	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1— Resident readmitted to home with post-hospital assessment indicating increased level of care needs to intermediate care facility (ICF)/skilled nursing facility (SNF). Current admission exceeds licensed capacity and is not appropriate for the home's licensed level of care.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the near future Mercy Full Care Giving LLC will only admit residents at appropriate levels of care in accordance to Admission Policy 11-100.1-10, chapter 321,HRS.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #1—Valuables and possessions not maintained. Last documented inventory check dated 1/17/2024.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, Mercy Full Care Giving LLC ,conducted inventory of residents valuables and possessions .	04/30/26 04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #1—Valuables and possessions not maintained. Last documented inventory check dated 1/17/2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future Mercy Full Care Giving will conduct inventory of all personal items and valuables every first month of the year.	04/30/26

	RULES (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—Active order for Haloperidol 0.5 mg, 1 tablet every 6 hours as needed for nausea, vomiting, and terminal illness; medication not available as ordered. - Resident #1—Active order for ensure three times daily. No documented record that supplement was given, held, or refused by resident between 02/25/26 through 02/28/2026. Medication not made available as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG, called Navian Hospice Nurse (Loretta) in regard' s to Haloperidol 0.5 mg,1tablet every 6 hours as needed for nausea, vomiting,and terminal illness; medication not available as ordered. Hospice Nurse will fill the prescription.	05/18/28 05/18/26

	RULES (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—Active order for Haloperidol 0.5 mg, 1 tablet every 6 hours as needed for nausea, vomiting, and terminal illness; medication not available as ordered. - Resident #1—Active order for ensure three times daily. No documented record that supplement was given, held, or refused by resident between 02/25/26 through 02/28/2026. Medication not made available as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future,to prevent this from happening again, PCG will check the medication bins every month against the current medication record. PCG, shall set up automatic refill with a text reminder from Pharmacy if ready for pick up/delivery. - In the future to prevent this from happening again, PCG shall educate SCG to document and mark either it' s given, held or refused, any active orders, from now on PCG will review SCG documentation.	05/18/26

	RULES (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—Medication re-evaluation records dated 08/30/2024, 09/17/2025, 10/31/2025, and 01/21/2026. No documentation of medication reevaluated every four (4) months, or as ordered, between 08/20/2024 and 09/17/2025.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 has been transferred to 888 ARCH	04/30/26

	RULES (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—Medication re-evaluation records dated 08/30/2024, 09/17/2025, 10/31/2025, and 01/21/2026. No documentation of medication reevaluated every four (4) months, or as ordered, between 08/20/2024 and 09/17/2025.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future to prevent this from happening again, PCG shall bring Medication list of Resident' s to be re-evaluated and signed by the Physician or APRN every four months, PCG shall use calendar for Resident' s future Doctor' s appointment.	05/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (i) 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. **FINDINGS** Resident #1— No documentation found indicating arrangement for an influenza vaccine.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 has been transferred to 888 ARCH.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (i) 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. **FINDINGS** Resident #1— No documentation found indicating arrangement for an influenza vaccine.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - In the future to prevent this from happening again, PCG shall use calendar as a reminder to 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 or resident' s physician or APRN.	05/18/26

	RULES (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—Monthly progress notes for May, June, and July, do not address diet despite resident being on a special diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident # 1 has been transferred to 888 ARCH.	04/30/26

	RULES (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—Monthly progress notes for May, June, and July, do not address diet despite resident being on a special diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future Mercy Full Care Giving will document immediately any changes, observation of the residents response to medication,treatment and diet.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1—Multiple monthly weights indicated weight as "unable to stand." No record of resident's weight taken at least once a month.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident has been transferred to 888 ARCH.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1—Multiple monthly weights indicated weight as "unable to stand." No record of resident's weight taken at least once a month.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future Mercy Full Care giving will use arm circumference (MUAC) tape for clients unable to stand.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1— Observed medication administration record (MAR) entries with initials in blue ink from March 2025 through February 2026.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident has been transferred to 888 ARCH.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1— Observed medication administration record (MAR) entries with initials in blue ink from March 2025 through February 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?** In the future Mercy Full Care giving will no longer use blue ink on residents record and will discard all blue ink, notice has been given to all SCG blue ink is not acceptable on residents record.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1— Observed multiple MAR entries marked with an "x," with no legend provided to indicate meaning.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident has been transferred to 888 ARCH.	04/30/26ln

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #1—Primary care giver (PCG) readmission assessment post- hospitalization incomplete. No signatures from resident or PCG.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident has been transferred to 888 ARCH.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #1—Primary care giver (PCG) readmission assessment post- hospitalization incomplete. No signatures from resident or PCG.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - In the future,to prevent this from happening again, PCG shall complete all records of resident' s upon admission/readmission, accurate,current and readily available for review by the department or responsible placement agency.	05/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Resident #1— Permanent general register missing entries for residents' prior locations before admission; register not properly maintained. Deficiency corrected during inspection.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident has been transferred to 888 ARCH.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1—Financial statement indicated PCG was granted responsibility of managing allowances of $100 monthly. No ongoing documentation of money disbursement. Per PCG, she no longer manages allowances. ***Please provide documentation with Plan of Correction.***	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident has been tranferred to 888 ARCH.	04/30/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1—Financial statement indicated PCG was granted responsibility of managing allowances of $100 monthly. No ongoing documentation of money disbursement. Per PCG, she no longer manages allowances.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future Mercy Full care Giving will insure an accurate written accounting of residents money and disbursement shall be kept on an ongoing basis, including receipts for expenditures and a current inventory of residents possession.	04/30/26

Licensee's/Administrator's Signature: _____

Print Name: Mercy Nepomuceno

Date: Apr 30, 2026

Licensee's/Administrator's Signature: _____

Print Name: Mercy Nepomuceno

Date: May 18, 2026