Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pacific Care LLC	**CHAPTER 100.1**
Address: **381 Wanaao Road, Kailua, Hawaii 96734**	**Inspection Date: March 3, 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
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** One bottle of vegetable oil and two bottles of apple juice were observed stored directly on the floor. Corrected during the inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	**3/3/2026**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** One bottle of vegetable oil and two bottles of apple juice were observed stored directly on the floor. Corrected during the inspection.	**PART 2** **FUTURE PLAN** ALTHOUGH ITS PART OF THE ORIENTATION FOR NEW EMPLOYEES OF PACIFIC CARE LLC ON PROPER HANDLING AND STORAGE OF FOODS AND SUPPLIES, TO PREVENT THIS FROM HAPPENING AGAIN THE PRIMARY CARE GIVER OTILIO GIMANG CONDUCTED A RE-EDUCATION MEETING OF ALL STAFF ON PROPER FOOD STORAGE AND HANDLING. A WEEKLY INSPECTION OF ALL FOOD STORAGE AREAS WILL BE CONDUCTED BY THE PCG ON ON SUNDAYS TO ENSURE FULL COMPLIANCE IS ACHIEVED. ONCE THE PROCESS IS ESTABLISHED A MONTHLY REVIEW OR INSPECTION WILL BE CONDUCTED BY THE PCG TO PREVENT THIS FROM HAPPENING AGAIN	**3/8/2026**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. **FINDINGS** Resident #1 – Medications were not separated between internal and external use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** THE DEFICIENCY WAS CORRECTED BY THE PCG CONDUCTING A MEETING AND RE-EDUCATION WHICH WAS ATTENDED BY ALL CAREGIVERS AT THE HOME AND RE EDUCATE THEM ON PROPER STORAGE OF RESIDENT MEDICATIONS. TOPICS DISCUSSED ARE PROPER SEPARATION AND STORAGE OF INTERNAL AND EXTERNAL MEDICATIONS. THE USE OF ZIPLOCK BAGS LABELED WITH RESIDENT'S NAME WILL BE CONTINUED TO BE USE TO ENSURE SEPARATION OF SUCH MEDICATION. AFTER THE MEETING THE SATFF EXPRESSES FULL UNDERSTANDING OF THE IMPORTANCE OF THIS PROCESS TO BE FOLLOWED FOR THE SAFETY OF ALL RESIDENTS IN THE HOME.	3/9/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. **FINDINGS** Resident #1 – Medications were not separated between internal and external use.	**PART 2** **FUTURE PLAN** TO PREVENT THIS FROM HAPPENING AGAIN, A WEEKLY INSPECTION WILL BE CONDUCTED BY THE PCG TO ENSURE FULL COMPLIANCE OF THIS PRACTICE. ONCE FULL COMPLIANCE IS ACHIEVED THE INSPECTIONS BY THE PCG WILL BE CONDUCTED ON A MONTHLY BASIS. LABELLED ZIPLOCK BAGS WILL BE THE MAIN STORAGE FOR ALL EXTERNAL MEDICATIONS WHILE INTERNAL MEDICATIONS WILL REMAIN IN THEIR ORIGINAL CONTAINERS.	**3/8/2026**

	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 #2 – Resident's medication orders were not being reviewed and signed every 4 months.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	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 #2 – Resident's medication orders were not being reviewed and signed every 4 months.	**PART 2** **FUTURE PLAN** TO PREVENT THIS FROM HAPPENING AGAIN, THE PCG WILL ENSURE THAT ALL AFTER VISIT SUMMARY WILL BE REVIEWED RIGHT AFTER RESIDENT'S VISIT WITH THE PRIMARY CARE PHYSICIAN, AND ENSURE ORDERS ARE REVIEWED FOR ACCURACY AND THE ORDERS WILL BE TRANSCRIBED BY THE PCG INTO THE MAR AND MAKE SURE ALL ORDERS ARE CARRIED ACCORDINGLY. THIS TASK WILL NOT BE DELEGATED TO OTHER CAREGIVERS TO ENSURE ACCURATE EXECUTION OF THE PHYSICIAN'S ORDER FOR THE RESIDENT . THE PCG WILL CONTINUE TO COMMUNICATE WITH RESIDENT'S PRIMARY CARE PHYSICIAN EVERY FOUR MONTHS OR AS ORDERED TO REVIEW ALL MEDICATIONS THAT THE RESIDENT IS TAKING.ANY CHANGES WILL BE TRANSCRIBED IN THE MAR ACCORDINGLY AFTER THE REVIEW.	3/15/2026

	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 #2 – No monthly progress notes for September 2025.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	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 #2 – No monthly progress notes for September 2025.	**PART 2** **FUTURE PLAN** TO PREVENT THIS INCIDENT FROM HAPPENING AGAIN, A MONTHLY REVIEW OF ALL DOCUMENTATIONS IN THE RESIDENT'S CHART ARE FILED IN PROPER SECTIONS OF THE CHART. THIS TASK WILL NOT BE DELEGATED BUT WILL BE EXECUTED BY THE PCG - OTILIO GIMANG-THIS IS TO ENSURE THAT ALL PROGRESS NOTES AND OTHER RESIDENT DOCUMENTATION ARE PROPERLY FILED IN THE RESIDENT'S CHART .	**3/15/2026**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** There was no fire drills completed during the night hours.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** There was no fire drills completed during the night hours.	**PART 2** **FUTURE PLAN** TO PREVENT THIS INCIDENT FROM HAPPENING AGAIN, THE FIRE DRILL SCHEDULE IS REVISED BY THE PCG TO ENSURE FULL COMPLIANCE OF THE REQUIRED FIRE DRILL SCHEDULE TIMES.AN EVENING SCHEDULE IS ADDED TO FIRE DRILL SCHEDULE. A FIRE DRILL WAS CONDUCTED ON 3/9/2026 AT 2000 BY THE PCG TO ENSURE VARIED TIMES OF FIRE DRILL ARE CONDUCTED MONTHLY.	**3/9/2026**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date

Licensee's/Administrator's Signature: Otilio M. Ginang Jr.

Print Name: OTILIO GINANG JR.

Date: 3/26/26