

Office of Health Care Assurance

73 FEB 12 2026

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TLC Aloha Home Care, LLC	CHAPTER 100.1
Address: 3408 Kahikolu Way, Honolulu, Hawaii 96818	Inspection Date: February 11, 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
☒	§11-100.1-3 <u>Licensing</u> (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; FINDINGS Substitute Care Giver – No documented annual criminal background clearance.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I schedule an appointment to do a new fingerprint, and to put the result in the substitute caregiver's binder.	3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 <u>Licensing</u> (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; <u>FINDINGS</u> Substitute Care Giver – No documented annual criminal background clearance.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will be going to review the caregiver's checklist at least every month to make sure that all the needed documents are complete and updated and file it in the caregiver's binder. I will notify SCG to update clearances 2 months before expiration date.	3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. <u>FINDINGS</u> Resident #1 – No current annual diet order.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I documented diet order for Resident #1 and let signed by the attending physician. File and put it in the resident's binder.	03/10/2026 3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. <u>FINDINGS</u> Resident #1 – No current annual diet order.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will always check and review all documents of residents at least every two weeks and prepare a documented diet order of residents two weeks prior to the next doctor's appointment or visit. I will always keep a calendar and checklist for monthly and annual documents needed. I will always check and review the calendar and resident's checklist at least every two weeks.	3/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation</u>, (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> Observed two Lysol disinfectant spray bottles unsecured in a cabinet located in one of the residents' shared bathroom. Corrected during the inspection	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	6/10/19 1:23 PM

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> Observed two Lysol disinfectant spray bottles unsecured in a cabinet located in one of the residents' shared bathroom. Corrected during the inspection	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will check and inspect all cabinets for chemicals and cleaning agents at least every week to ensure that all chemicals and cleaning agents such as insecticides, fertilizers, bleaches and other poisons shall be properly labeled and stored in a secured cabinet apart from food supplies.	25 Feb 2020 3/10/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications</u>. (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. <u>FINDINGS</u> Resident #1 – Medications are not reviewed and signed by the physician at least every 4 months.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I made an appointment to resident's #1 physician for the updated and medication reconciliation list of resident #1 and let signed by the attending physician. File and put it in the resident's binder.	26 Nov 12 5:29 3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications</u>. (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. <u>FINDINGS</u> Resident #1 – Medications are not reviewed and signed by the physician at least every 4 months.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will always check and review medication list every two weeks and prepare a medication reconciliation list of residents two weeks prior to the next doctor's appointment or visit. I will always keep a calendar and checklist for monthly and annual documents. Review and check the calendar and checklist at least every two weeks.	25 Feb 19 07:19 3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (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; <u>FINDINGS</u> Resident #1 – No documented monthly progress notes for the month of January 2026.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I did the monthly progress note for the month of January 2026 for resident #1 and I filed it in the resident's binder.	25 MAR 12 11:59 3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (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; <u>FINDINGS</u> Resident #1 – No documented monthly progress notes for the month of January 2026.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will ensure to check and review the progress notes of residents every two weeks. Write observations and responses to the medication and all action taken. Documentation shall be completed immediately.	25 MAR 12 1:00 3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (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; <u>FINDINGS</u> Resident #1 – No documented weight for the month of January 2026.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I did obtained the documented weight of resident #1 for the month of January 2026 from the nurse of resident #1 who visited for the month of January 2026.	26 APR 19 11:00 3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports</u>, (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; <u>FINDINGS</u> Resident #1 – No documented weight for the month of January 2026.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will check and review the resident's checklist every two weeks. updated, note, write and documented records needed by the residents. keep and check calendars and reminders for the records needed by the residents.	26 APR 12 0 09 3/10/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. <u>FINDINGS</u> One of the residents' shared bathroom did not have a signaling device. Corrected during the inspection.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	25 MAR 19 11 19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. <u>FINDINGS</u> One of the residents' shared bathroom did not have a signaling device. Corrected during the inspection.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will always check and test the signalling devices for all rooms and bathroom every week and ensure all the rooms and bathrooms have a signalling devices and functioning properly.	25 MAR 17 PM 1:10 3/10/2026

Licensee's/Administrator's Signature: Estrella Casiano

Print Name: ESTRELLA CASIANO

Date: 3/16/2026

26 MAR 17 PM 1:40
STRELLA CASIANO