Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Village Park Adult Residential Care Home	**CHAPTER 100.1**
Address: **94-101 Kauweke Place, Waipahu, Hawaii 96797**	**Inspection Date: January 8, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute care giver (SCG) #1 – No current first aid certification. Please submit a copy with your plan of correction (POC).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute care giver #1. Submitted first aid certification on 4/2/26. Copy of certificate e-mail.	4/8/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute care giver (SCG) #1 – No current first aid certification. Please submit a copy with your plan of correction (POC).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute care giver emailed copy of certificate (First Aid/CPR)	4/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute care giver (SCG) #1 – No current first aid certification. Please submit a copy with your plan of correction (POC).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will check the checklist of requirements of my substitutes care giver and I primary caregiver will review the checklist every 3 months to ensure that all requirements are available and current. I will put a reminder on the front of care home binder which includes future dates I must review all staff clearances	4/8/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition (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. **FINDINGS** Resident #1- Physician's diet orders were; 1/9/25: Regular diet, soft and thin 2/24/25: Regular, minced 6/3/25: Avoid nephrotoxic agents, low-sodium diet No record that the special diets were provided as there was no special diet menu.	PART I **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
☒	§11-100.1-13 Nutrition. (I) 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. **FINDINGS** Resident #1- Physician's diet orders were; 1/9/25: Regular diet, soft and thin 2/24/25: Regular, minced 6/3/25: Avoid nephrotoxic agents, low-sodium diet ✓ No record that the special diets were provided as there was no special diet menu.	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 I will check at the doctor office before leaving to ensure the orders are complete & accurate over residents diet order	4/8/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1- Physician's diet orders were; 1/9/25: Regular diet, soft and thin 2/24/25: Regular, minced 6/3/25: Avoid nephrotoxic agents, low-sodium diet ✓ No record that the special diets were provided as there was no special diet menu.	**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 I will clarify diet order with the physician, then I will contact OCHCA Nutritionist if I need more assistance.	4/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Physician's notes 6/3/25 stated "Avoid nephrotoxic agents, low-sodium diet." Diet order was not clarified. Please clarify the current diet order with the physician. If the resident #1 is on a special diet, please submit a copy of the diet order and weekly menus for department review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Clarified residents diet on Feb. 23, 2026. Copy of doctor order e mail.	4/8/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Physician's notes 6/3/25 stated "Avoid nephrotoxic agents, low-sodium diet." Diet order was not clarified. Please clarify the current diet order with the physician. If the resident #1 is on a special diet, please submit a copy of the diet order and weekly menus for department review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** On order for regular diet is recieved.	4/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Physician's notes 6/3/25 stated "Avoid nephrotoxic agents, low-sodium diet." Diet order was not clarified. Please clarify the current diet order with the physician. If the resident #1 is on a special diet, please submit a copy of the diet order and weekly menus for department review.	**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 I will review and I will see every line check doctors order, notes including resident diet to ensure the order are accurate.	4/8/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition (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. **FINDINGS** Resident #1 – Physician's notes 6/3/25 stated "Avoid nephrotoxic agents, low-sodium diet." Diet order was not clarified. Please clarify the current diet order with the physician. If the resident #1 is on a special diet, please submit a copy of the diet order and weekly menus for department review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will clarify diet order with the physician and contact OHCA Nutritionist for more assistance.	4/17/26

	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 – Current order was "Risperidone 1 mg PO PRN." Indication for PRN use was not included.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY:** Clarified w/ physician on Risperidone 1 mg po PRN ~~use~~ the indication of medication on 2/23/2026.	4/8/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Current order was "Risperidone 1mg PO PRN." Indication for PRN use was not included.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will check at the doctors' office before leaving to ensure the orders are complete and accurate. I will also check the order every 3 months and even have any substitute check after me to ensure that there are no errors 4/8/24	

	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 – "Artificial Tears Drops, instill 1 drop in each eye 4 times daily" was listed in medication administration record (MAR) and the medication was stored with current medication. There was no physician's order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Telephone order was recieved and okay to use "Artificial Tear". Next appointment on August 24, 2026	4/17/26

	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 – "Artificial Tears Drops, instill 1 drop in each eye 4 times daily" was listed in medication administration record (MAR) and the medication was stored with current medication. There was no physician's order.	**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 I will reviewed medication order and bottles to make sure they are consistent. If clarification is needed, I will contact the physician within 24 hrs.	4/17/26

	RULES (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 care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No record that smoke detectors were tested in July 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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☒	§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 care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No record that smoke detectors were tested in July 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, I will provide a calendar and mark the schedule time & date every ~~month~~ month to perform the fire drill, so I won't forget.	4/8/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** A bag of rice was placed directly on the floor in pantry.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** After the visit, I place the bag of rice elevated off the flor using a rack.	4/8/24 Signature

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** A bag of rice was placed directly on the floor in pantry.	**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 I will provide a rack in the pantry to placed items of groceries such as: bag of rice, bottled water, juices etc. for safety purposes.	4/8/26

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Licensee's/Administrator's Signature: [signature]

Print Name: Marlon Peralta

Date: 4/17/2026