Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yaying House Inc.	**CHAPTER 100.1**
Address: **3285 Olu Street, Honolulu, Hawaii 96816**	**Inspection Date: March 24, 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. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #1—Record of resident's inventory of personal items not maintained.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 1) I sat down with my SCG who worked that day and discuss the deficiencies and how we correct them and what will we do to ensure that it doesn't happen again. 2) I included in our monthly meeting (March 30, 2026) through 3) My SCG and I went ~~over~~ all the resident's #1 belongings and made a new record of them in the Resident #1 Inventory of Personal Items. 4) I notified the previous SCG about the resident's #1 Inventory & Personal Items record from their shift/session date. I created a new record when I took over in May 2025, but I'm unsure what happened to the first.	Yes 3/24/26 mo

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	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— Orders for Amlodipine 5 mg and Lisinopril 20 mg included hold parameters. Medication administration record (MAR) entries for 2/14/26 and 2/24/26 show vitals met hold criteria, yet both medications were documented as given. Medications were not made available as ordered.	**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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	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 & #3—Blue ink observed in resident records.	**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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	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— Self-Preservation assessment on file is not current. Primary caregiver (PCG) reports the resident is now non-self-preserving, but no updated physician assessment available for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I notified the Hospice Case RN. I was instructed to fax the Self Preservation Assessment form to their office. I faxed the form on 3/25/26 with receipt that it was received. After several days I follow up since I did not receive the updated Self- Preservation Form for Resident#1. On 04/07/26 I re-faxed the form and received updated Self-Preservation form via fax for Resident #1on the same day.	04/07/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-90 Expanded ARCH resident's rights. (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to: Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided; **FINDINGS** Resident #1— ARCH Policy was signed; however, the Expanded ARCH Policy was not signed by the family or caregiver.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The DPOA/family member has been fully notified/informed about the change of level of care and has been aware about the Expanded ARCH level of care as discussed by PCP & APRN. PCC notified the family/DPOA on 3/24/26. Visits once or twice a month. Will sign EARCH policy next visit to Resident #1.	3/24/26 @ 1600 DPOA 4/5/26

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Licensee's/Administrator's Signature: Mary Jeanne G. Onato, PCC

Print Name: Mary Jeanne G. Onato

Date: 4/8/2026

Licensee's/Administrator's Signature: Mary Jeanne Onato

Print Name: MARY JEANNE ONATO

Date: 04/15/2026