Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estabillo Adult Residential Care Home	**CHAPTER 100.1**
Address: 92-691 Paakai Street, Kapolei, Hawaii 96707	**Inspection Date: February 7, 2025 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
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #2 – Annual diet order unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, Diet order has been obtained. See attached physicians order.	03/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #2 – Annual diet order unavailable for review. Submit a copy with plan of correction.	**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 wrote in my calendar when the resident's physical examination is due and to make sure physical form includes an annual diet order. My calendar will be checked monthly.	04/07/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Food items stored on outdoor pantry floor (e.g., bags of rice, bottles of juice, case of Sprite, bottled water)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** After inspection or during the inspection, I removed food items from the floor and stored them on my pantry shelves.	03/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Food items stored on outdoor pantry floor (e.g., bags of rice, bottles of juice, case of Sprite, bottled water)	**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 placed a sign on my pantry door that I can see daily to remind me and my Substitute Care Givers not to store on the floor. I make sure to make a sign on pantry door that says "No food on the floor at all times".	03/17/25

	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 – Physician's orders dated 2/9/24 for admission on 5/1/24 states, "Amlodipine 5g qd"; however, per MAR, medication was never administered or discontinued since it was ordered Submit a copy of renewed or discontinuation order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I requested a list of renewed or discontinued order of Amlodipine from his PCP. See attached PCP order.	03/17/25

	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 – Physician's orders dated 2/9/24 for admission on 5/1/24 states, "Amlodipine 5g qd"; however, per MAR, medication was never administered or discontinued since it was ordered Submit a copy of renewed or discontinuation order with plan of correction.	**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 get a discontinued order either in person or by telephone order for medications my newly admitted resident no longer takes. I will review each medication order upon admission and cross check with medication given to me. A reminder note will be included in front of my binder to help me remember.	04/07/2025

	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 – Physician's order dated 2/9/24-5/6/24 for admission on 5/1/24 states, "Rivaroxaban 20g qd"; however, MAR shows between 5/1/24-5/6, "Xarelto 20mg tablet 1 tablet with food orally once a day" was administered. Dosage administered did not reflect physician's order. No evidence dosage was clarified with physician.	**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. (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 – Physician's order dated 2/9/24-5/6/24 for admission on 5/1/24 states, "Rivaroxaban 20g qd"; however, MAR shows between 5/1/24-5/6, "Xarelto 20mg tablet 1 tablet with food orally once a day" was administered. Dosage administered did not reflect physician's order. No evidence dosage was clarified with physician.	**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 carefully read the physicians order to prevent any dosage errors from "g" grams to "mg" milligrams. I will also clarify the order with the physician. I will also have my SCG review the MAR at the beginning of each month to help catch any errors.	04/07/2025

	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 – Physician's order dated 2/9/24-5/6/24 for admission on 5/1/24 states, "Senna 1 tab qd"; however, dosage to administer was not provided. Medication was made available during such time period without a complete physician's order.	**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. (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 – Physician's order dated 2/9/24-5/6/24 for admission on 5/1/24 states, "Senna 1 tab qd"; however, dosage to administer was not provided. Medication was made available during such time period without a complete 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?** I created a reminder note to put in my binder to remind that a complete medication order will include : resident's full name, date of order, drug name, dosage, route of administration, time and frequency of administration and signature of MD. I will then compare all orders against my list to make sure it is complete. If orders are incomplete , I will the PCP for clarification.	04/07/2025

	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 – MAR shows "Valsartan 160mg tablet 1 tablet orally once a day" was administered between 5/1/24-5/5/24 without a physician's order to administer such medication.	**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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☒	§11-100.1-15 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 – MAR shows "Valsartan 160mg tablet 1 tablet orally once a day" was administered between 5/1/24-5/5/24 without a physician's order to administer such medication.	**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 ensure in the future, before administering any medication, I obtain a physical Al order or get a telephone order. This reminder will be added to my checklist.	04/07/2025

	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 – Physician's orders dated 9/16/24 and 12/16/24 are incomplete and do not include a PRN indication: • "Guaifenesin-DM 100/10mg/5mL Syrup 10 ml orally every 4 hours as needed" • "Stimulant laxative 8.6/50mg Tab take one tablet by mouth as needed once daily" • "Triamcinolone Acetonide 0.025% Crm 1 application topically to affect area 2 times per day as needed" • "Ketoconazole 2% Shampoo 1 application topically to affected area once a week as needed" Submit a copy of revised physician's orders with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I requested an updated prescription of the following PRN with completed indications. See attached PCP orders and progress notes.	03/17/25

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☒	§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 – Physician's orders dated 9/16/24 and 12/16/24 are incomplete and do not include a PRN indication: • "Guaifenesin-DM 100/10mg/5mL Syrup 10 ml orally every 4 hours as needed" • "Stimulant laxative 8.6/50mg Tab take one tablet by mouth as needed once daily" • "Triamcinolone Acetonide 0.025% Crm 1 application topically to affect area 2 times per day as needed" • "Ketoconazole 2% Shampoo 1 application topically to affected area once a week as needed" Submit a copy of revised physician's orders with plan of correction	**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 all physicians orders immediately after receiving it to make sure PRN orders have an indication. This reminder will also be included in my checklist.	04/07/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** No documented evidence any fire drills were performed during hours of darkness	**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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Licensee's/Administrator's Signature: _____

Print Name: Mary Ann Estabillo

Date: 03/17/25

Licensee's/Administrator's Signature: _____

Print Name: Mary Ann Estabillo

Date: 04/07/2025