Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mely Mueller	**CHAPTER 100.1**
Address: **94-947 Lumihoahu Street, Waipahu, Hawaii 96797**	**Inspection Date: April 11, 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
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #4 – No documented evidence of a current annual level of care evaluation by a physician or advance practice registered nurse (APRN) on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Annual Level of Care Evaluation Dr. Edward Alquero filled up the total of assessment ,dated and sign adult Residential Care Home Level. I will ask my substitutes to help me review residents documents as a part of Caregiver Training to ensure good documentation, accuracy, consistent and completeness.	4/15/25t

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #2 – No documented evidence of a current self-preservation evaluation by a physician or APRN on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Self Preservation Evaluation by Physician or APRN: Dr.Alquero filled X box to YES dated and sign I will ask my substitutes to help me review/double check my residents documents to ensure accuracy,consistent,completeness as a part of Caregiver Training.	4/15/25

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Licensee's/Administrator's Signature: mely ballocanag

Print Name: mely ballocanag

Date: Apr 23, 2025