Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care A, LLC	**CHAPTER 100.1**
Address: 2649 A Huapala Street, Honolulu, Hawaii 96816	**Inspection Date: December 10, 2024 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 Licensing. (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** SCG #1,2 – Two consecutive years of Fieldprint clearance unavailable for review SCG #1 – Current Fieldprint clearance unavailable for review Submit a copy of current Fieldprint clearance (SCG #1) with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Caregivers debriefed on DOH audit on 12/23/24. *Two consecutive years of Fieldprint unavailable for both caregivers as SCG #1 with us only since July 2024, and SCG #2 with us only since February 2024. *SCG #1 completed Fieldprint occurred on 08/12/24. *Copy to be emailed to auditor, see attachment A.	01/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (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** SCG #1,2 – Two consecutive years of Fieldprint clearance unavailable for review SCG #1 Current Fieldprint clearance unavailable for review Submit a copy of current Fieldprint clearance (SCG #1) 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?** *Upon hire, administration team to collect/follow up on qualifications such as Fieldprint. *During training and orientation, Fieldprint to be scheduled with support of management team to ensure appointment is made. *For ongoing follow through, administration will provide quarterly reminders for Fieldprint. *Operations Coordinator will continuously monitor staff qualifications in Excel. *In addition, DON, ADON, and NM will perform monthly audits to ensure core and float staff are up to date on physicals. This will allow management to provide verbal reminders and ensure follow through during house visits until completed copies received. Administration aware of plan on 12/18/24.	12/20/2024

	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** Bag of rice, container of rice, and case of root beer soda stored on pantry floor	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Rice and root beer removed from pantry floor on 12/23/2024.	12/23/2024

	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** Bag of rice, container of rice, and case of root beer soda stored on pantry floor	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education provided to new staff members upon training and orientation. *For post-hire ongoing training and education, during routine house visits, audits to be completed by DON, ADON, and NM of pantry and food items once per month. During this assessment, opportunity is created to re-educate and ensure guidelines are followed for safe food storage per DOH. *In addition, laminated signs to be placed in all pantries to include "All food items must be stored at least 6 inches from pantry floor" as a visual reminder for staff.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #2 – Medication clarification order dated 5/31/24 for "Vitamin B12 500mcg, Calcium 80mg," however handwritten medication bottle label is incorrectly written as "Vitamin B12 500 mg, Calcium 80mg."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Medication label corrected on 12/10/24.	12/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #2 – Medication clarification order dated 5/31/24 for "Vitamin B12 500mcg, Calcium 80mg," however handwritten medication bottle label is incorrectly written as "Vitamin B12 500 mg, Calcium 80mg."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon receipt of medication clarification/order, nurses will obtain two checks to ensure order, label, and MAR match appropriately. *New physician order form to ensure this process is followed correctly has been edited and updated in our Manoa Senior Care forms. *Education of written process to be done individually during house visits from management to staff members. *In addition, memo sent out of new form and process. *Any new orders received will be checked by nurse management during next house visit to also ensure label, order, and MAR are appropriately labeled. This will be tracked and monitored in a Teams report document for visits.	01/23/2025

	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 #2 – Incomplete medication order for "X30 Titanium power tape topically as needed for pain." Order does not include duration of application. Package instructions state to "change or remove tape every 2-3 days." Submit copy of clarified order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Medication clarified on 01/03/24. Copy to be emailed to auditor, see attachment B.	01/03/2024

	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 #2 – Incomplete medication order for "X30 Titanium power tape topically as needed for pain." Order does not include duration of application. Package instructions state to "change or remove tape every 2-3 days." Submit copy of clarified 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?** *Education to nurses and 12 hour NA's on second checks to include package instructions for non-oral medications or supplies such as medical tape. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications and charts. Medication audit includes the double check system of ensuring order, MAR, and labels are correct. *For any orders that are not double signed, management engages in re-education with staff members to reinforce correct procedure. *For any orders that do not match, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	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 1/16/24 states, "Levothyroxine Tab 50mcg Take 1 tab by mouth once daily 30 minutes before breakfast on an empty stomach"; however, per MAR, medication was not administered on 2/12/24	**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 1/16/24 states, "Levothyroxine Tab 50mcg Take 1 tab by mouth once daily 30 minutes before breakfast on an empty stomach"; however, per MAR, medication was not administered on 2/12/24	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Re-education provided to nurses and 12 hour NAs on proper medication administration. *During three checks, medication poured into cup and given to resident while administering nurse/NA stands-by for proper and safe swallowing of medications. *Once administration complete, administrator signs off in MAR that medication was successfully given/taken before moving on to the next resident. *In addition, DON, ADON, and NM will perform routine house visits. During every visit, MAR checks are now done to follow up on MAR signatures to intervene as soon as possible to investigate as needed. *For any discrepancies, education to be provided to the team of the home to ensure they are monitoring their own MAR for proper administrations and transcriptions for the safety of their residents.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Progress notes did not reflect the current diet order. Regular diet (ordered 11/22/24), but the November 2024 progress notes stated that resident is on NAS, low potassium, regular diet.	**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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☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – Progress notes did not reflect the current diet order. Regular diet (ordered 11/22/24), but the November 2024 progress notes stated that resident is on NAS, low potassium, regular diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Two trained staff checks added to monthly summary progress notes to ensure both nurses of the home, if not nurse, then NA, are up to date and appropriately documenting the correct information. *In addition, management visits occur routinely, and incorporated includes chart audits for continued monitoring.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – The provision of NAS diet was documented in the progress notes from January 2024 to November 2024, however there was no order for NAS.	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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☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 – The provision of NAS diet was documented in the progress notes from January 2024 to November 2024, however there was no order for NAS.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon receipt of diet clarification/order, nurses will obtain two checks to ensure order, label, and MAR match appropriately. *New physician order form to ensure this process is followed correctly has been edited and updated in our Manoa Senior Care forms. *Education of written process to be done individually during house visits from management to staff members. *In addition, memo sent out of new form and process. *Any new orders received will be checked by nurse management during next house visit to also ensure label, order, and MAR are appropriately labeled. This will be tracked and monitored in a Teams report document for visits.	01/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #2 – Progress notes for August and September did not reflect observations related to 15.8 lb weight loss from August (166.4 lbs) to September (150.6 lbs). Appetite was reported as good and meal intake was reported 90-100% for August and September.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Two trained staff checks added to monthly summary progress notes to ensure both nurses of the home, if not nurse, then NA, are up to date and appropriately documenting the correct information. *In addition, management visits occur routinely, and incorporated includes chart audits for continued monitoring.	12/20/2024

	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** Fire drill dated 12/15/24 completed in advance. Record falsified. Current date is 12/10/24.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Debrief done with staff member who performed fire drill on 12/16/24, and Care Home aware and fully debriefed on 12/23/24. Stated fire drill was misdated as it was supposed to be November 10, 2024. *Staff member to shred incorrect fire drill, November fire drill was performed and is documented appropriately. Particular staff member discussed with DON and ADON the importance of correctly dating, double checking, and ensuring there is never any falsification whatsoever.	12/16/2024

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☒	§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** Fire drill dated 12/15/24 completed in advance. Record falsified. Current date is 12/10/24.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon fire drill completion, two trained staff members are to sign off on fire drill to note that fire drill performed correctly. *New fire drill checklist created to ensure this process is followed. Form updated in our Manoa Senior Care forms. *Education of written process to be done individually during house visits from management to staff members. *In addition, memo sent out of new form and process. *Nurse management to perform monthly assessments of fire drill binder to ensure policy and procedure is performed safely and adequately. This is tracked in a Teams report document.	01/23/2025

	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 – Documents for two (2) other residents stored in Resident #1's record	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Documents removed and stored appropriately on 12/23/24.	12/23/2024

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☒	§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 – Documents for two (2) other residents stored in Resident #1's record	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon receipt of resident document, nurses are to place document securely into resident chart. *Nurse management to perform monthly audits of resident charts to ensure proper placement of documents. This is tracked on a Teams report document used by the nurse management team during visits. *In addition, charts are thinned by nurses twice a year. During this process, memo to be sent to re-educate and remind of process including appropriate storage of resident documents.	01/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 – No documented evidence current inventory of possessions/valuables completed since 1/23/23 Submit a current copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Inventory completed on 12/20/24. Copy to be emailed to auditor, see attachment C.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 – No documented evidence current inventory of possessions/valuables completed since 1/23/23 Submit a current 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?** *Inventory annual due dates to be placed on house calendar for visual reminder. *Inventory reminders to be sent out by DON, ADON, and/or NM in January of new year as a reminder. *In addition, during house visits, DON, ADON, and NM will be assessing charts/chart layouts to further assist in organization and completion of necessary documents.	12/20/2024

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☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #2 – No documented evidence that the physician was notified of 15.8 lb weight loss from August 2024 (166 lbs) to September 2024 (150.6 lbs).	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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☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #2 – No documented evidence that the physician was notified of 15.8 lb weight loss from August 2024 (166 lbs) to September 2024 (150.6 lbs).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Monthly weight to be added to MAR with notation that if increased or decreased 3lbs, MD to be notified. *During management visits, report on resident's performed. Weights included in this report to provide opportunity for discussion on assessment, appetite, intervention, documentation, and contact with further collaborators.	12/20/2024

	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** Bedroom #2,3,8 – Oxygen tank stored in bedroom; however, 'oxygen in use' warning signage unavailable	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Sign posted to Care Home door on 12/10/24.	12/10/2024

	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** Bedroom #2,3,8 – Oxygen tank stored in bedroom; however, 'oxygen in use' warning signage unavailable	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *With changes to care levels, as oxygen implemented to care and/or stored in room/house, oxygen use sign to be posted on front door of Care Home. *To ensure sign is posted with O2, checking for "Oxygen in use" sign to be added to checklist for hospice admissions. *Checking for sign to be added to oxygen tank and concentrator competencies.	12/20/2024

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 01/21/2025

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 01/23/2025