Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Blue Ocean Care Home	**CHAPTER 100.1**
Address: 91-1030 Keoneae Place, Ewa Beach, Hawaii 96706	**Inspection Date: March 3, 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
☒	§11-100.1-14 Food sanitation. (b) All foods shall be stored in covered containers. **FINDINGS** Half a papaya stored in refrigerator uncovered	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I wrapped the cut papaya with saran wrap, thus protecting it from direct exposure and contamination.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (b) All foods shall be stored in covered containers. **FINDINGS** Half a papaya stored in refrigerator uncovered	**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 not store any food items uncovered or left in open containers. I will validate by review of my monthly checklist, noted by "Residents/Food Inv/Storage" heading, initialed by myself and substitute caregiver. As a reminder, I will setup a month end alert on my cell phone.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Resident #1 – Open (in-use) Toujeo SoloStar Pen-injector being stored incorrectly in the refrigerator. Toujeo box label directions state to store in refrigerator prior to opening only.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I placed and secured the open Toujeo SoloStar Pen-injector inside the residents' locked medication cabinet. The non-opened prescribed Toujeo boxes will remain stored in the refrigerator, properly labeled and in a separate locked container.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Resident #1 – Open (in-use) Toujeo SoloStar Pen-injector being stored incorrectly in the refrigerator. Toujeo box label directions state to store in refrigerator prior to opening only.	**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 properly store all residents' medications according to the directions written on the relevant medication label. I will validate by review of my monthly checklist, noted by "Residents/Medication" heading, initialed by myself and substitute caregiver. As a reminder, I will setup a month end alert on my cell phone.	03/03/2025

	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 – PRN albuterol was administered once each day on 2/2/25, 2/4/25-2/7/25, 2/9/25; however, response to medication was not documented	**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
☒	§11-100.1-17 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 – PRN albuterol was administered once each day on 2/2/25, 2/4/25-2/7/25, 2/9/25; however, response to medication was not documented	**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 update all residents' records with required progress notes as thoroughly detailed as possible, relating to any and all changes regarding each resident. I will validate by review of my monthly checklist, noted by "Doctor/Orders/Prescriptions" heading, initialed by myself and substitute caregiver. As a reminder, I will setup a month end alert on my cell phone.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; **FINDINGS** Resident #1 – Medical visits with physician on 4/17/24, 8/31/24, 1/25/25, were not documented in progress notes	**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
☒	§11-100.1-17 Records and reports. (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; **FINDINGS** Resident #1 – Medical visits with physician on 4/17/24, 8/31/24, 1/25/25, were not documented in progress notes	**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 update all residents' records with the dates of any physician/APRN visits and consultations. I will validate by review of my monthly checklist, noted by "Doctor/Orders" heading, initialed by myself and substitute caregiver. As a reminder, I will setup a month end alert on my cell phone.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #3 – White out used on medication orders on signed physician's order sheet	**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
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #3 – White out used on medication orders on signed physician's order sheet	**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 not alter any residents' record by the use of white out or eraser. I will validate by review of my monthly checklist, noted by "Doctor/Orders" heading, initialed by myself and substitute caregiver. As a reminder, I will setup a month end alert on my cell phone.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations. **FINDINGS** Resident #1 – No documented evidence an annual dental exam was completed or declined by resident Submit documented evidence of completed annual dental exam or letter of declination with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I received letter from resident's primary physician, [redacted], dated 3/3/20025, indicating that resident #1, does not require routine dental care because of no natural teeth.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations. **FINDINGS** Resident #1 – No documented evidence an annual dental exam was completed or declined by resident Submit documented evidence of completed annual dental exam or letter of declination 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?** I will verify that each resident has documentation regarding their annual dental examinations. I will validate by review of my monthly checklist, noted by "Doctor/Dental" heading, initialed by myself and substitute caregiver. As a reminder, I will setup a month end alert on my cell phone.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Expired (12/2024) packages of instant ramen found in food inventory	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I discarded the expired ramen from my food inventory.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Expired (12/2024) packages of instant ramen found in food inventory	**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 verify expired food items by using the "FIFO" inventory method to upkeep and maintain an updated food inventory. I will validate by review of my monthly checklist, noted by Residents/Food Inv/Storage heading, initialed by myself and substitute caregiver. As a reminder, I will setup a month end alert on my cell phone.	03/03/2025

	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** Resident #2 – Oxygen tank stored in bedroom; however, oxygen in use warning sign not posted at the entrance of home	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I posted the no smoking/oxygen in use warning sign at the entrance of home.	03/03/2025

	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** Resident #2 – Oxygen tank stored in bedroom; however, oxygen in use warning sign not posted at the entrance of home	**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 verify all necessary conditions and safety requirements regarding the use of medical equipment or supplies ordered for use by residents. I will validate by review of my monthly checklist, noted by "Residents/Equip/Sup" heading, initialed by myself and substitute caregiver. I will setup a month end alert on my cell phone.	03/03/2025

Licensee's/Administrator's Signature: Sookyang Kimoto

Print Name: Sookyang Kimoto

Date: 03/13/2025