Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Ku'ike Pali, LLC	**CHAPTER 100.1**
Address: 2627 Pali Highway, Honolulu, Hawaii 96817	**Inspection Date: March 10, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG – Valid first-aid training certification 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** SCG has completed in-person First Aid certification 3/14/2025, will expire on 3/15/2027. Copy of certification card submitted on 3/15/2025 to Director of Nursing and will be forwarded to DOH for record.	03/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG – Valid first-aid training certification 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?** Nursing Coordinator created a checklist effective immediately for each caregiver's First Aid and CPR training and will verify that each are completed in a timely manner and all training is done in person (not online). This checklist will be reviewed by the Nursing Coordinator monthly to ensure that all documents are complete and acceptable according to Dept of Health requirements.	03/11/2025

	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 #1 Tube of Eucerin lotion unlabeled in medication inventory Resident #2 – Tube of nystatin-triamcinolone ointment unlabeled in mediation inventory	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Residents #1 and #2 - Printed medication label and attached to the medication bottle on 3/10/2025. Copies of medication label that were created for Residents #1 and #2 sent to DOH for record.	03/10/2025

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☒	§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 #1 Tube of Eucerin lotion unlabeled in medication inventory Resident #2 – Tube of nystatin-triamcinolone ointment unlabeled in mediation 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?** All OTC medications received from pharmacies or families will be double checked by the RN to make sure correct labels are attached. If no label is present, Director of Nursing will create a label according to Doctor's orders and attach to the medication bottle/tube. This will be done right upon receipt of the medication so there is no delay.	03/11/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. **FINDINGS** Resident #2 – Current inventory of possessions unavailable. Last inventory completed on 1/21/24 Submit an updated copy with plan of correction	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident inventory completed on 3/20/2025 by Director of Nursing. Copy of inventory attached for DOH record.	03/20/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. **FINDINGS** Resident #2 – Current inventory of possessions unavailable. Last inventory completed on 1/21/24 Submit an updated 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?** A CNA will be assigned to complete inventory annually (within Q1) for all residents. A second CNA or the Nursing Coordinator will cross-check the resident inventory list to make they are completed by the end of Q1. As items are added throughout the year, the inventory list will be updated as needed by Nursing staff. At the end of each month, DON will double check all inventory to make sure it's up to date. Completion of this task will be tracked monthly on the Nursing calendar.	03/20/2025

Licensee's/Administrator's Signature: Imelda Villa

Print Name: Imelda Villa

Date: 03/24/2025