Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Hawaii Loa Care Services LLC** | **CHAPTER 100.1** |
| **Address: 272 Panio Street, Honolulu, Hawaii 96821** | **Inspection Date: February 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)(4)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence substitute caregivers (SCGs) were trained on preparing and administering crushed medications and thickening liquids<br><br>Submit a copy of completed training provided to SCGs by primary caregiver | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes. Training documents has been included into the ARCH binder and is attached. | 02/12/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(4)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence substitute caregivers (SCGs) were trained on preparing and administering crushed medications and thickening liquids<br><br>Submit a copy of completed training provided to SCGs by primary caregiver | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>PCG provides training to SCGs upon all new admissions, any changes in medication or treatment, as well as any changes to residents' original care.<br><br>In the future, all training documentation will be held in the ARCH binder and be available for review. | 02/12/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-13 Nutrition. (a)<br>The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.<br><br>**FINDINGS**<br>Resident menus (e.g., regular diet and regular, pureed diet) did not meet residents' nutritional needs as portion sizes were not included and menus did not meet national dietary guidelines<br><br>Submit a copy of revised diet menus with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes, PCG corrected the deficiency by organizing all detailed menus which included portion sizes and placed them into the ARCH binder. SCGs were trained to locate detailed menus in the ARCH binder. PCG ensures portion sizes listed on the menus are being utilized. The menus were emailed to the DOH RD for approval and a request for consultation has been made. Copies of menus are attached. | 02/24/2025 |

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|---|---|---|---|
| ☒ | §11-100.1-13 Nutrition. (a)<br>The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.<br><br>**FINDINGS**<br>Resident menus (e.g., regular diet and regular, pureed diet) did not meet residents' nutritional needs as portion sizes were not included and menus did not meet national dietary guidelines<br><br>Submit a copy of revised diet menus with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>Yes, prior to using a new menu, PCG will consult the DOH RD to review all menus including diets to meet national dietary guidelines.<br><br>The current detailed menus have been placed in the ARCH binder and are available for review.<br><br>In the future, all new menus will be emailed to the DOH RD for approval to ensure national dietary guidelines are met. New SCG training will include location of detailed menus and how to utilize detailed menus including portion sizes to meet the national dietary guidelines. | 02/24/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-13 Nutrition. (l)<br>Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.<br><br>**FINDINGS**<br>Resident #1 – Pureed diet menu included food items and textures not appropriate for pureed diet (e.g., bread products, peanut butter, corn, cereal products, and toasted items)<br><br>Submit a copy of revised menu with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes, PCG consulted with DOH RD who is in process of reviewing and approving our menus, including food items appropriate for a pureed diet. | 02/24/2025 |

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| ☒ | §11-100.1-13 Nutrition. (l)<br>Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.<br><br>**FINDINGS**<br>Resident #1 – Pureed diet menu included food items and textures not appropriate for pureed diet (e.g., bread products, peanut butter, corn, cereal products, and toasted items)<br><br>Submit a copy of revised menu with plan of correction. . . | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>In the future, all Pureed diet menu changes will only be utilized after consultation and upon approval of DOH RD. PCG will schedule consultation with DOH RD and will get approval of menu changes before implementation. | 02/24/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (a)<br>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.<br><br>**FINDINGS**<br>Bedroom #1 – Unlabeled tube of hydrocortisone cream stored in resident's bathroom cabinet | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes. Unlabeled hydrocortisone cream was removed. Bedroom #1 resident's family was educated on not leaving any medication and treatments labeled or unlabeled in bedroom #1. Family was directed to the signage on the left of bedroom #1 door that read 'All items must be cleared by the caregivers before before taking them into the residents room.' | 02/10/2025 |

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|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (a)<br>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.<br><br>**FINDINGS**<br>Bedroom #1 – Unlabeled tube of hydrocortisone cream stored in resident's bathroom cabinet | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>All medications/treatments are labeled and locked in a designated medication cabinet. Reminders and education will be posted in Bedroom #1 to remind family of proper medication/treatment labeling and storage. In the future, weekly bedroom inspections will be added to the weekly PCG checklist to identify and discard uncleared items, including unlabeled medications and treatments. | 02/10/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (b)<br>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.<br><br>**FINDINGS**<br>Bedroom #1 – Tube of hydrocortisone cream stored in resident's bathroom cabinet unsecured<br><br>Residents' medications stored unsecured in kitchen cabinet | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes. Unlabeled hydrocortisone was removed from bedroom #1. Resident's family was educated that all medications and treatments must be cleared and approved by the caregiver for proper labeling and storage into designated locked medication/treatment cabinet. | 02/10/2025 |

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| ☒ | §11-100.1-15 Medications. (b)<br>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.<br><br>**FINDINGS**<br>Bedroom #1 – Tube of hydrocortisone cream stored in resident's bathroom cabinet unsecured<br><br>Residents' medications stored unsecured in kitchen cabinet | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>All medications/treatments are labeled and locked in a designated medication/treatment cabinet. Reminders are posted in Bedroom #1 to ensure resident's family is aware. In the future, weekly bedroom inspections will be added to the weekly PCG checklist to identify and discard uncleared items, including unsecured medications and treatments. | 02/10/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1 – Physician's order dated 2/1/25 states, "Thickener to food or beverage as needed (to reduce Parkinsonism aspiration)"; however, thickness level not specified (e.g., nectar, honey, pudding) and PRN indication unavailable<br><br>Submit a copy of revised medication order that includes a PRN indication and specified liquid consistency, with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes. The deficiency was corrected at the doctor's visit on 02/18/2025. Complete directions including PRN indication and liquid consistency was received, placed in the resident's binder, and a copy is attached. | 02/18/2025 |

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| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1 – Physician's order dated 2/1/25 states, "Thickener to food or beverage as needed (to reduce Parkinsonism aspiration)"; however, thickness level not specified (e.g., nectar, honey, pudding) and PRN indication unavailable<br><br>Submit a copy of revised medication order that includes a PRN indication and specified liquid consistency, with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>In the future, PCG will clarify directions for PRN orders with the physician before leaving the doctor's office.<br><br>PCG will ensure that all orders for PRNs have an indication listed. All diet orders including thickener must have a specified liquid consistency. | 02/18/2025 |

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|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (a)(4)<br>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:<br><br>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;<br><br>**FINDINGS**<br>Resident #2 – Initial tuberculosis clearance unavailable for review.<br><br>Submit a copy with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes. Resident #2 initial tuberculosis clearance has been placed in the resident's binder and a copy is attached. | 02/22/2025 |

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|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (a)(4)<br>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:<br><br>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;<br><br>**FINDINGS**<br>Resident #2 – Initial tuberculosis clearance unavailable for review.<br><br>Submit a copy with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>The physician noted that initial tuberculosis clearance was attached, however it was not attached. In the future we will make sure that all attachments are received prior to new admission. We added on to our admission checklist to specifically say, 'It is required that all the attachments noted by the physician must be received prior to admission.' The PCG will ensure that all attachments including the initial tuberculosis clearance is received prior to a new admission. | 02/22/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(1)<br>During residence, records shall include:<br><br>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;<br><br>**FINDINGS**<br>Resident #2 – Valid annual TB clearance unavailable for review<br><br>Submit a copy with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes. Resident #2 valid annual TB clearance including Department of Health Form F has been placed in the resident's binder and is attached. | 02/22/2025 |

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| ☒ | §11-100.1-17 Records and reports. (b)(1)<br>During residence, records shall include:<br><br>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;<br><br>**FINDINGS**<br>Resident #2 – Valid annual TB clearance unavailable for review<br><br>Submit a copy with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>Annual TB clearance was received on an old form. In the future we will make sure that all TB documents are on the new Department of Health Form F. We updated our annual checklist to clarify that the annual TB clearance must be accompanied by Department of Health Form F. PCG will ensure that the Department of Health Form F is updated and placed in the resident's binder annually. | 02/22/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (h)(1)(A)<br>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.<br><br>Housekeeping:<br><br>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;<br><br>**FINDINGS**<br>Bedroom #2 – Accumulation of skin flakes observed on resident's bedsheet | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes. Bedroom #2 bedding was changed immediately after inspection. | 02/10/2025 |

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| ☒ | §11-100.1-23 Physical environment. (h)(1)(A)<br>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.<br><br>Housekeeping:<br><br>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;<br><br>**FINDINGS**<br>Bedroom #2 – Accumulation of skin flakes observed on resident's bedsheet | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>PCG trained SCG to observe bedding for accumulation of skin flakes or other debris and change bedding as needed.<br><br>In the future, weekly bedroom inspections will be added to the weekly PCG checklist to ensure all housekeeping standards are met including cleanliness of residents bedsheets. | 02/10/2025 |

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|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (h)(3)<br>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.<br><br>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;<br><br>**FINDINGS**<br>Bedroom #2 – Large cracked portion of electrical outlet box missing with wiring fully exposed | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Yes. The electrical outlet box has been replaced. | 02/15/2025 |

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|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (h)(3)<br>The Type 1 ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.<br><br>All Type 1 ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;<br><br>**FINDINGS**<br>Bedroom #2 – Large cracked portion of electrical outlet box missing with wiring fully exposed | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>Monthly inspections of electrical outlets has been added to PCG monthly checklist. In the future, electrical outlets will be inspected monthly alongside monthly smoke alarm testing. | 02/15/2025 |

Licensee's/Administrator's Signature: _____

Print Name: Susan Halvorsen

Date: 02/26/2025