Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Serenity Care Home Hawaii Kai** | **CHAPTER 100.1** |
| **Address: 1072 Kalapaki Street, Honolulu, Hawaii 96825** | **Inspection Date: March 13, 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 |
|---|---|---|---|
| ☒ | §11-100.1-15 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 12/7/24 states, "Aspirin 81mg Chew – Chew 1 tablet by mouth on 12/8/24"; however, MAR shows resident was administered medication once daily from 12/9/24-12/31/24 without physician's order | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-15 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 12/7/24 states, "Aspirin 81mg Chew – Chew 1 tablet by mouth on 12/8/24"; however, MAR shows resident was administered medication once daily from 12/9/24-12/31/24 without physician's order | **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 physician orders will be checked against monthly MAR on the first day of the month to ensure they match. At the end of every month, the MAR will be reviewed for accuracy to match the stated physician orders. | 03/25/2025 |

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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 12/7/24-present states, "Thick-It Powder – Thicken all liquids to nectar-thick consistency using Thick-It Power or equivalent"; however, no documented evidence thickener is being used to thicken liquids<br><br>Submit a copy of revised medication administration record (MAR) 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>A section for Thick-It was added to the resident MAR [redacted]. A copy of the revised MAR will be submitted. | 03/25/2025 |

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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 12/7/24-present states, "Thick-It Powder – Thicken all liquids to nectar-thick consistency using Thick-It Power or equivalent"; however, no documented evidence thickener is being used to thicken liquids<br><br>Submit a copy of revised medication administration record (MAR) 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>A reminder note will be placed in the front of the working MAR binder that states, "Ensure all Thickener orders are on the MAR." MARs will be checked at the end of each month for completeness. | 03/25/2025 |

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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 12/7/24-present states, "Sennosides 8.6mg-Docusate Sodium 50mg tab – Take 1 tab by mouth at bedtime as needed for constipation (if no BM for 3 days); however, no documented evidence bowel movements are being monitored to determine if medication needs to be administered after 3 days of no bowel movements | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-15 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 12/7/24-present states, "Sennosides 8.6mg-Docusate Sodium 50mg tab – Take 1 tab by mouth at bedtime as needed for constipation (if no BM for 3 days); however, no documented evidence bowel movements are being monitored to determine if medication needs to be administered after 3 days of no bowel movements | **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>A resident activity record will be used to document the resident's bowel movements to ensure caregivers are aware as to the last BM. This will allow them to determine if medication needs to be administered after 3 days of no bowel movements. A copy of this will be submitted. | 03/25/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-16 Personal care services. (h)<br>A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.<br><br>**FINDINGS**<br>Resident #1 – Schedule of daily activities 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>A Plan of Care and Activities Schedule was created. A copy will be submitted. | 03/25/2025 |

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| ☒ | §11-100.1-16 Personal care services. (h)<br>A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.<br><br>**FINDINGS**<br>Resident #1 – Schedule of daily activities 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>An admission checklist was made for all new resident admissions, to include a Plan of Care and Activities Schedule. A copy of the checklist will be submitted. | 03/25/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-19 Resident accounts. (a)<br>The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.<br><br>**FINDINGS**<br>Resident #1 – Financial statement unavailable for admission on 12/7/24<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>A new financial statement was generated and provided to resident's Power of Attorney for signature. | 03/25/2025 |

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| ☒ | §11-100.1-19 Resident accounts. (a)<br>The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.<br><br>**FINDINGS**<br>Resident #1 – Financial statement unavailable for admission on 12/7/24<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>An admission checklist was made for all new resident admissions, to include a disclaimer that includes Readmissions. The signed financial statement will be on the list. A copy will be submitted. | 03/25/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A)<br>Residents' rights and responsibilities:<br><br>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:<br><br>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;<br><br>**FINDINGS**<br>Resident #1 – Signed copy resident was informed of their rights and responsibilities upon admission on 12/7/24<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>The Power of Attorney was informed that their signature was needed for the resident's Readmission on 12/7/24. They were informed the Policy contents and monthly rate would remain the same and did not request a new copy. A new signature page at the end was generated and signed. | 03/25/2025 |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)<br>Residents' rights and responsibilities:<br><br>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:<br><br>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence resident was informed verbally and in writing of services available and related charges at the time of readmission on 12/7/24<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>The Power of Attorney was informed verbally and in writing that their signature was needed for the resident's Readmission on 12/7/24. They were informed the Policy contents and monthly rate would remain the same and did not request a new copy. A new signature page at the end was generated and signed. | 03/25/2025 |

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| ☒ | §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)<br>Residents' rights and responsibilities:<br><br>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:<br><br>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence resident was informed verbally and in writing of services available and related charges at the time of readmission on 12/7/24<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>An admission checklist was made for all new resident admissions, to include a disclaimer that includes Readmissions. A signed copy that the resident was informed of services available and related charges will be on the list. A copy will be submitted. | 03/25/2025 |

Licensee's/Administrator's Signature: Ana Jose

Print Name: Ana Jose

Date: 03/25/2025