Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care C, LLC	**CHAPTER 100.1**
Address: 2649 C Huapala Street, Honolulu, Hawaii 96822	**Inspection Date: April 11, 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. 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 – Two (2) years of consecutive Fieldprint clearance unavailable SCG #1.2 – Current Fieldprint clearance unavailable Submit a copy of current Fieldprint clearances with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Debrief performed with Care Home staff on 4/11/25 with NM. *Staff educated on qualifications and correction strategy. *SCG #1 Fieldprint obtained 03/15/25 see attachment A. Second Fieldprint obtained on 4/21/25, see attachment B. *SCG #2 Fieldprint obtained on 3/4/25. No results received, copies emailed to auditor, see attachment C. New appointment scheduled, see attachment D. * Copies to be emailed to auditor	05/01/2025

	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 – Two (2) years of consecutive Fieldprint clearance unavailable SCG #1,2 – Current Fieldprint clearance unavailable Submit a copy of current Fieldprint clearances 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, administrative team to collect completed qualifications and reminder to be provided on last qualifications needed. Fieldprint to be scheduled with new team member during orientation. *Fieldprint instructions updated to show more detail as to how to send results to management for qualification collection. *Completed qualifications will be placed in NM inbox in office for scanning into computer to DON. *Once scanned, DON to update Shares file, Qualifications iPad, and excel document that tracks qualification due dates. *Quarterly reminder to be sent out to all staff for completion. *Nurse management to perform routine house visits and track this in teams. At this visit, NM team to follow up with those staff members on qualifications needed as a reminder and to identify plan for completion.	04/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #1 – Current annual physical exam unavailable 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** *Debrief performed with Care Home staff on 4/11/25 by NM. *Discussed staff qualifications and correction strategy. Staff aware of plan. *SCG #1 performed physical on 4/11/25, see attachment E. Copy to emailed to auditor.	05/01/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #1 – Current annual physical exam unavailable 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?** *Upon hire, administrative team to collect completed qualifications and reminder to be provided on last qualifications needed. *Completed qualifications will be placed in NM inbox in office for scanning into computer to DON. *Once scanned, DON to update Shares file, Qualifications iPad, and excel document that tracks qualification due dates. *Quarterly reminders to be sent out to all staff for completion. *Nurse management to perform routine house visits and track this in teams. At this visit, NM team to follow up with those staff members on qualifications needed as a reminder and to identify plan for completion.	04/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – Current annual TB clearance unavailable 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** *Debrief performed with Care Home on 4/11/25 by NM. *Educated on staff qualifications. *SCG #1 obtained current TB clearance on 4/12/25, see attachment F. Copy to be emailed to auditor.	05/01/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – Current annual TB clearance unavailable 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?** *Upon hire, administrative team to collect completed qualifications and reminder to be provided on last qualifications needed. *Completed qualifications will be placed in NM inbox in office for scanning into computer to DON. *Once scanned, DON to update Shares file, Qualifications iPad, and excel document that tracks qualification due dates. *Quarterly reminders to be sent out to all staff for completion. *Nurse management to perform routine house visits and track this in teams. At this visit, NM team to follow up with those staff members on qualifications needed as a reminder and to identify plan for completion.	04/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Thermometer unavailable in refrigerator	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Thermometer brought to Care Home on 04/11/2025 and maintenance zip tied into fridge.	04/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Thermometer unavailable in refrigerator	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Care Home team and House Supervisor to implement visual checks weekly to ensure thermometer in place and accurate. *If during visual check, it is noticed that thermometer is not present and/or not functioning, team to call Office Administrator for new thermometer. *In addition, nurse manager team performs routine house visits monitored on Teams and will perform quarterly checks.	05/01/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Working metal stem thermometer unavailable for checking food temperatures	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Metal stem thermometer brought to Care Home on 04/11/2025.	04/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Working metal stem thermometer unavailable for checking food temperatures	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Debrief performed with Care Home on 4/11/25 by NM. *Discussed potential plan of correction that can be implemented into home. *With use, House Supervisor to ensure thermometer functioning properly. *If replacement is needed, House Supervisor to partner with Office Administrator via phone or email to request replacement. *Office Administrator performs missing item/grocery outings and will pick up upon request.	05/01/2025

	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 #1 – Two (2) verbal orders received on 10/28/2025, "Apply cream twice daily to spots on face for 2 weeks" and "Apply cream twice daily to spots on lower right leg and right elbow for 1 month." Medications were not specified. Updated order was obtained.	**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 – Two (2) verbal orders received on 10/28/2025, "Apply cream twice daily to spots on face for 2 weeks" and "Apply cream twice daily to spots on lower right leg and right elbow for 1 month." Medications were not specified. Updated order was obtained.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Care Home staff educated on need to clarify physician orders that are unclear in a timely manner upon receipt. Staff re-educated on all components of physician orders. *At time of order receipt, nurse to perform two checks, one by herself and one by another trained team member (NM team, House Supervisor, or another nurse) before implementing. *In addition, NM started tracking resident appointments for all homes on Outlook in calendar to visualize when follow up and checks are needed for the home to ensure correct order implementation/clarification. *Lastly, NM team performs routine house visits. During this house visit, NM team to perform MAR checks and monthly audits to ensure all order components are correct.	05/01/2025

	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 #1,2 – 2/2025 monthly progress note unavailable	**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 #1,2 – 2/2025 monthly progress note 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?** *Debrief performed with Care Home on 4/11/25 by NM. *Staff education on new monthly summary requiring two trained staff members (NM team, House Supervisor, or another nurse) to review and sign. *NM team has started tracking appointments and house tasks on Outlook Calendar to ensure that we are aware of when end of month paperwork is completed. *During end of month and during house visit, NM team to assess/audit monthly paperwork/progress notes to ensure complete and done appropriately.	05/01/2025

	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 – Order was "BACK BRACE – APPLY BACK BRACE AROUND BACK AND ADJUST STRAPS TO FIT. KEEP BRACE ON FOR 12 HOURS, THEN REMOVE FOR 12 HOURS." Per care giver, the resident wears and removes the brace independently. The resident was observed not wearing the brace during the inspection. The treatment provided and observation of the resident 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. (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 – Order was "BACK BRACE – APPLY BACK BRACE AROUND BACK AND ADJUST STRAPS TO FIT. KEEP BRACE ON FOR 12 HOURS, THEN REMOVE FOR 12 HOURS." Per care giver, the resident wears and removes the brace independently. The resident was observed not wearing the brace during the inspection. The treatment provided and observation of the resident 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?** *Debrief performed with Care Home on 4/11/25 by NM. *Upon receipt of order, staff to monitor refusals of full order in MAR/CG notes. If pattern evolves to show resident not tolerating original order, nurses/management to collaborate on adjusting order with MD to fit resident's comfort/needs if appropriate and ordered. *NM team to monitor and assess during routine house visit tracked via Teams.	05/01/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) 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. **FINDINGS** Resident #1,2 – Financial statements 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** *Resident #1 POA signed on 4/30/25, see attachment G. Copy to emailed to auditor. Resident #2 POA notified to sign on 4/30/25. On 5/1/25 DON reached out to POA to re-discuss signing financial statement. Copy to emailed to auditor upon receipt.	05/05/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) 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. **FINDINGS** Resident #1,2 – Financial statements 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?** *Upon new admissions/readmissions, Executive Assistant to obtain all needed documents from POA/resident including financial statements. Form created in 2024 to ideally prevent this from getting missed with new admissions. *Financial statement to be filed in resident folder on the Shares Drive and a hard copy in resident file within main office. *Upon date/month of audit, DON to obtain financial statement for DOH review and bring to Care Home or email to auditor. *For existing residents that have not had financial statements signed, form sent via email.	04/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Monthly fire drills from 9/2024-1/2025 do not include the duration of time	**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
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Monthly fire drills from 9/2024-1/2025 do not include the duration of time	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Debrief performed with the Care Home on 4/11/25 with NM. *Forms update performed in early 2025 to include new fire drill check list which includes duration of drill and duration of evacuation. *In addition, new form requires signatures of both staff members performing drill so that all logistics and timeframes are agreed upon and signed off by both parties. *Management performs routine visits and in this routine visit, fire drills to be assessed once monthly. This is tracked via Teams.	04/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #1-3 – Twelve (12) hours of annual continuing education unavailable Submit evidence of twelve hours of completed continuing education	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Debrief performed with team on 4/11/25 by NM. *SCG #1 completed 12 hours of continuing education, see attachment H. *SCG #2 Completed continuing education, see attachment I. *SCG #3 Completed 12 hours of continuing education, see updated face sheet, attachment J. *Copies to be emailed to auditor.	05/01/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #1-3 – Twelve (12) hours of annual continuing education unavailable Submit evidence of twelve hours of completed continuing education	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *12 hours of education to be emailed to staff biannually for completion by the end of the year. *Upon completion, DON to track with employee list who has completed required education. Certificate to be made for proof of completion as seen on Google Drive quiz. *Reminders to be sent via email to staff that still need to complete and conversations to occur during routine house visits. *Completed education to be noted on employee face sheet in qualification file on Shares/Qualification iPad. Qualification iPad accessible during audit for DOH to assess.	05/01/2025

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 05/05/2025