

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina 'Ole Estate Elima, LLC	CHAPTER 100.1
Address: 1368 Kuloaa Place, Kailua, Hawaii 96734	Inspection Date: May 6, 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
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator temperature was at 54°F, above safe temperature limit</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, refrigerator service date is scheduled to be serviced on 5/31/25.</p>	05/22/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator temperature was at 54°F, above safe temperature limit</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A post-it reminder will be posted on the refrigerators that instructs staff to check the fridge every shift to ensure temperature is in normal range.</p>	05/22/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 11/15/24 states, “Nystatin topical cream apply topically two times a day PRN rash to groin/peri; however, nystatin unavailable for administration</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the medication was received on 05/13/25 and is located in the locked cabinet.</p>	<p>05/13/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 11/15/24 states, “Nystatin topical cream apply topically two times a day PRN rash to groin/peri; however, nystatin unavailable for administration</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>PCG added "Complete Medication Check" to the Manager Checklist as a Weekly task. PCG will ensure all ordered medications are in stock. Manager Checklist will be viewed referred to Weekly.</p>	05/13/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 4/10/25, 11/18/24, 9/9/24 were Nitroglycerin 0.4mg tab, 1 Tab Oral As directed. Place 1 tablet under tongue every 5 minutes for up to 3 doses as directed. The order was not clarified as to when to take it.</p> <p>Submit a copy of clarified medication order with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, signed orders were received from MD on 05/09/25 that specifies when to take it. Refer to signed PO.</p>	<p>05/09/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 4/10/25, 11/18/24, 9/9/24 were Nitroglycerin 0.4mg tab, 1 Tab Oral As directed. Place 1 tablet under tongue every 5 minutes for up to 3 doses as directed. The order was not clarified as to when to take it.</p> <p>Submit a copy of clarified medication order with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Upon receiving new orders, PCG will ensure complete orders are obtained. PCG will add this to the Manager's Checklist to double check that all medication orders are complete. This checklist will be referred to weekly. Refer to attachment.</p>	05/09/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 4/10/25, 11/18/24, 9/19/24 was Aspirin 81mg, oral capsule daily. Per MAR, Aspirin 81mg chewable tabs, chew and swallow 1 tab by mouth once daily. Medication form (capsule vs. chewable tabs) administered on MAR is not consistent with physician's order.</p> <p>Submit a copy of either an updated physician's order to reflect MAR, or a revised MAR to reflect physician's current order, with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, signed orders were received from MD on 05/09/25 that specifies the form of Aspirin. Refer to signed PO.</p>	<p>05/09/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 4/10/25, 11/18/24, 9/19/24 was Aspirin 81mg, oral capsule daily. Per MAR, Aspirin 81mg chewable tabs, chew and swallow 1 tab by mouth once daily. Medication form (capsule vs. chewable tabs) administered on MAR is not consistent with physician's order.</p> <p>Submit a copy of either an updated physician's order to reflect MAR, or a revised MAR to reflect physician's current order, with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG added "Complete Medication Check" to the Manager Checklist as a Weekly task. PCG will ensure the form of medication is specified and the correct one is in stock. Manager Checklist will be viewed referred to Weekly.</p>	05/09/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 4/10/25 and 11/18/24 was Carvedilol 3.125mg oral tablet, 1 tab twice daily. However, per MAR, Carvedilol 6.25mg tab, 1 tab by mouth twice is being administered.</p> <p>Submit a copy of updated physician's order or revised MAR with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, signed orders were received from MD on 05/09/25 that clarifies the dosage. Refer to signed PO.</p>	<p>05/09/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 4/10/25 and 11/18/24 was Carvedilol 3.125mg oral tablet, 1 tab twice daily. However, per MAR, Carvedilol 6.25mg tab, 1 tab by mouth twice is being administered.</p> <p>Submit a copy of updated physician's order or revised MAR with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will review the MAR Biweekly with RN to ensure the Physician Orders and MAR match. PCG has also added it to the Manager's checklist. PCG will also do a reminder staff to report immediately any discrepancies.</p>	05/09/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Orders dated 4/10/25, 11/18/24, 9/9/24 were Benzonatate 100mg oral capsule, 1 capsule, three times a day as needed, however, PRN indication not provided.</p> <p>Submit a copy of updated physician's order with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, Physician orders were received on 05/09/25 that specified a reason for PRN.</p>	<p>05/09/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Orders dated 4/10/25, 11/18/24, 9/9/24 were Benzonatate 100mg oral capsule, 1 capsule, three times a day as needed, however, PRN indication not provided.</p> <p>Submit a copy of updated physician's order with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Upon receiving new orders, PCG will ensure complete orders are obtained. PCG will add this to the Manager's Checklist to double check that all medication orders are complete. This checklist will be referred to weekly. Refer to attachment.</p>	05/09/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – All medications/treatments have not been reevaluated every four (4) months since 11/15/24, except for the following: Refresh eye drops, quetiapine, and heel boots</p> <p>Resident #2 – Medication order was not reviewed and signed by physician from 2/21/24 (admitted 2/20/24) to 9/19/24, a period of 6 months.</p> <p>Submit a copy of updated physician's orders for Resident #1 with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, signed Physician orders were obtained on 05/06/25.</p>	05/06/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – All medications/treatments have not been reevaluated every four (4) months since 11/15/24, except for the following: Refresh eye drops, quetiapine, and heel boots</p> <p>Resident #2 – Medication order was not reviewed and signed by physician from 2/21/24 (admitted 2/20/24) to 9/19/24, a period of 6 months.</p> <p>Submit a copy of updated physician's orders for Resident #1 with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will have a checklist on the Months that signed POS sheets will have to be obtained. Refer to attached.</p>	05/06/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 4/10/25 was to test blood sugar daily. Per MAR, blood sugar is being tested once weekly.</p> <p>Submit a copy of revised MAR with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, signed orders were received from MD on 05/09/25 that clarifies the frequency of blood sugar check. Refer to signed PO.</p>	<p>05/09/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 4/10/25 was to test blood sugar daily. Per MAR, blood sugar is being tested once weekly.</p> <p>Submit a copy of revised MAR with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will review the MAR Biweekly with RN to ensure physician orders match the medication record. PCG has also added it to the Manager's checklist</p>	05/22/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #4,5,7 – Plastic pillow protectors unavailable on pillows</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, plastic pillow protectors were placed on the pillows that are property of KinaOle. Initials written on resident's personal pillows.</p>	<p>05/06/25</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #4,5,7 – Plastic pillow protectors unavailable on pillows</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG added to the Manager Checklist to check pillowcases upon admission which will be referenced upon admission.</p>	<p>05/06/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Nutritional management care plan did not include measurable goals and outcomes for weight.</p> <p>Submit a copy of revised care plan with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, PCG inservice CM reminder her that measurable goals and outcomes for weight is needed for nutritional care plan.</p>	<p>05/07/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Nutritional management care plan did not include measurable goals and outcomes for weight.</p> <p>Submit a copy of revised care plan with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will meet with CM every month and review the care plan to ensure it includes measurable goals and outcomes for weight. This has been added to the Manager's checklist and will be referenced monthly.</p>	05/07/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Impaired swallowing care plan was not updated to reflect the current thickened liquids order, nectar thick liquids ordered 11/15/24.</p> <p>Submit a copy of revised care plan with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG inservice CM and reminded her that impaired swallowing care plan is needed when a thickened liquid diet is ordered.</p>	<p>05/07/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Impaired swallowing care plan was not updated to reflect the current thickened liquids order, nectar thick liquids ordered 11/15/24.</p> <p>Submit a copy of revised care plan with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will meet with CM every month and review the care plan to ensure it includes impaired swallowing care plan if there's any diet modifications are needed. This has been added to the Manager's checklist and will be referenced monthly.</p>	05/07/25

Licensee's/Administrator's Signature: 

Print Name: Kawena Kahui

Date: 05/22/25