

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Kina 'Ole Estate Elua, LLC | CHAPTER 100.1 |
| Address: 45-225 William Henry Road, Kaneohe, Hawaii 96744 | Inspection Date: April 14, 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>§11-100.1-15 <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 #1 – Physician’s order dated 4/25/24-11/6/24 states, “STIMULANT LAXATIVE PLUS TABLETS: Take 2 tabs by mouth daily”; however, medication order incomplete and does not include dosage to administer.</p> <p>Resident #2 – Physician’s order 7/10/24 states, “STIMULANT LAXATIVE PLUS (SENNOSIDE/DOCUSIDE SODIUM) 1 Tab by mouth daily”; however, medication order is incomplete and does not include dosage to administer.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <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 #1 – Physician’s order dated 4/25/24-11/6/24 states, “STIMULANT LAXATIVE PLUS TABLETS: Take 2 tabs by mouth daily”; however, medication order incomplete and does not include dosage to administer.</p> <p>Resident #2 – Physician’s order 7/10/24 states, “STIMULANT LAXATIVE PLUS (SENNOSIDE/DOCUSIDE SODIUM) 1 Tab by mouth daily”; however, medication order is incomplete and does not include dosage to administer.</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> | 04/29/2025 |

| | 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 – Physician order 3/19/25 for “Prednisone 10mg. 1 Tab by mouth daily for 5 days”; however, March MAR does not reflect the five (5) days as ordered. Only observed initials that it was administered on 3/20/25, 3/21/25, 3/22/25, 3/23/25.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 4/25/24 states, “STIMULANT LAXATIVE PLUS TABLETS: Take 2 tabs by mouth daily”; MAR does not include dosage administered from 4/25/24-7/31/24</p> <p>Resident #2 – Physician’s order 7/10/24 states, “STIMULANT LAXATIVE PLUS (SENNOSIDE/DOCUSIDE SODIUM) 1 Tab by mouth daily”; however, medication order is incomplete and does not include dosage to administer in the Medication Administration Record (MAR) from April 2024 to July 2024.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of pneumococcal vaccination or statement of declination</p> <p>Submit a copy 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>04/29/2025</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 5/29/24 stated, "Apply left leg brace while resident is in recliner and/or bed"; however, discontinuation order unavailable despite MAR showing leg brace was discontinued on 7/16/24</p> <p>Submit a copy of discontinuation 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>04/29/2025</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not include observations on resident's tolerance to on-going order, Ensure Plus three times daily after breakfast, lunch, dinner (4/2/25), and as needed if intake is less than 50% (4/2/25).</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – PCG assessment dated 11/17/22 was observed to not have resident/family/POA signature acknowledging assessment/plan of care.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #2 – Dental After-Visit Summary and Inventory of possessions form observed with white correction tape.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – Annual dental exam unavailable for review</p> <p>Submit evidence of dental exam or statement of declination 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>05/04/2025</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> SCG #1-2, Resident #1 – Documented evidence of case management training on daily and specialized care unavailable</p> <p>Submit documented evidence of completed training 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>05/01/2025</p> |

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Licensee's/Administrator's Signature: Taylor J.H. Weeks

Print Name: Taylor J.H. Weeks

Date: 05/05/2025