

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina Quality Living	CHAPTER 100.1
Address: 5304 Limu Place, Honolulu, Hawaii 96821	Inspection Date: August 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
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Special diet menus unavailable for the following residents:</p> <ul style="list-style-type: none"> <li>• Resident #1 – Regular, chopped, thin liquids</li> <li>• Resident #2 – Regular diet, fine chopped consistency, nectar thick liquids</li> </ul> <p>Submit a copy of diet menus with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The facility's Registered Dietitian created a special diet menu for regular chopped, thin liquids, and regular diet fine chopped consistency. See attached.</p> <p>The said menu was posted on the dietary board along with the regular menu for staff reference.</p>	08/24/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Special diet menus unavailable for the following residents:</p> <ul style="list-style-type: none"> <li>• Resident #1 – Regular, chopped, thin liquids</li> <li>• Resident #2 – Regular diet, fine chopped consistency, nectar thick liquids</li> </ul> <p>Submit a copy of diet menus with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A digital reminder was created for PCG to review special diet orders monthly and notify the Registered Dietitian to evaluate and create menus accordingly.</p> <p>The Registered Dietitian contracted to review the resident's diet monthly.</p> <p>Special diet Menu posted on the dietary board.</p>	<p>09/01/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Substitute caregiver (SCG) reports cooking food to 135°F, below safe minimum temperature of 165°F</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Substitute caregiver (SCG) reports cooking food to 135°F, below safe minimum temperature of 165°F</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Cooking Temperature was reviewed with each staff member, with a return demonstration on how to use the cooking thermometer.</p> <p>A poster from the DOH Sanitation Branch containing cooking temperature was also posted in the kitchen for quick reference.</p>	08/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>            Resident #1 – Annual influenza vaccination unavailable.            Last documented vaccination was 1/10/24.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The resident was seen by her PCP, and an Annual Influenza vaccine was ordered. Resident scheduled for the Influenza vaccine on 09/06/25.</p>	09/01/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>  Resident #1 – Annual influenza vaccination unavailable.  Last documented vaccination was 1/10/24</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The facility nursing calendar was noted, and a digital reminder was created to remind PCG to offer Annual Influenza vaccination to all residents.</p>	08/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (e)</u>            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><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of annual dental exam</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The family refused an Annual Dental exam due to the resident's hemiplegic condition. Transferring to and from the dental chair is very taxing to the resident and provider. The family opted to waive the annual dental requirement. See attached waiver signed by POA.</p>	09/01/25

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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><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of annual dental exam</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The facility nursing calendar was revised to remind PCG to schedule the Annual dental exam for each resident. A digital reminder was also created as a second layer of reminder to PCG. Should the family refuse, it should be documented, and a waiver should be signed by the POA for documentation and filed on the resident's chart.</p>	09/01/25

Licensee's/Administrator's Signature: Elizabeth A. Murphey

Print Name: Elizabeth A. Murphey

Date: 09/01/25