

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hanu Ola Care Home LLC	CHAPTER 100.1
Address: 91-1542 Kuhiawaho Place, Ewa Beach, Hawaii 96706	Inspection Date: January 6, 2026 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 – Trazodone 50mg, take 2 tabs by mouth at bedtime was discontinued on 8/29/25. Medication administration record (MAR) was initialed as given 8/29/25, 8/30/25, 8/31/25. Primary care giver (PCG) stated that new medication was ordered but it was not available right away. PCG continued Trazodone until the new medication was available. No record that physician was consulted nor recorded in progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">26 FEB 24 19:58</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 #1 – Trazodone 50mg, take 2 tabs by mouth at bedtime was discontinued on 8/29/25. Medication administration record (MAR) was initialed as given 8/29/25, 8/30/25, 8/31/25. Primary care giver (PCG) stated that new medication was ordered but it was not available right away. PCG continued Trazodone until the new medication was available. No record that physician was consulted nor recorded in progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Primary Care Provider (PCP) will be notified immediately regarding any medication availability issues. Discontinued medications will not be administered unless there is a documented physician order authorizing continuation. Written physician authorization will be obtained prior to administering any medication that has been discontinued. If a newly ordered medication is not immediately available, the PCP will be contacted the same day for guidance.</p>	<p style="text-align: center;">01/31/2026</p> <p style="text-align: right; color: blue; font-size: small;">STATE OF FLORIDA PROF. REG. DIV. STATE Licensure 26 FEB 24 AM 9:38</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 ordered “Calcium carbonate/Vitamin D3 500mg-400unit, Take 1 tablet by mouth 2 times a day with meals” on 8/29/25. Per MAR, previous order “Calcium carbonate (CALCIUM 500 PO) Take 500mg by mouth daily” was continued until 8/31/25. New order was reflected in September 2005 MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">STATE OF MICHIGAN DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: right;">26 FEB 24 10:38</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2 – self-preservation statement was not completed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The self-preservation statement for Resident #2 was completed and faxed the day after the DOH visit.</p>	<p>01/07/2026</p> <p style="text-align: right; color: blue;">26 FEB 24 09:38</p> <p style="text-align: right; color: blue; font-size: small;">STATE LICENSING</p>

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Licensee's/Administrator's Signature: Nina Myra Badua

Print Name: Nina Myra Badua

Date: Feb 23, 2026

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STATE OF HAWAII
NUI WAHIA
STATE LICENSING