

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Loa Care Services LLC	CHAPTER 100.1
Address: 272 Panio Street, Honolulu, Hawaii 96821	Inspection Date: February 3, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1—First aid certification not available.</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>Yes. The deficiency has been corrected. The substitute caregiver obtained a CPR/First Aid Certification from a training facility that provides an in-person skills evaluation in addition to the course administration in accordance with ECC/ILOR and AHA guideline. Please see attached CPR/First Aid Certification for SCG #1.</p>	<p>02/16/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1—First aid certification not available.</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>Although the SCG#1 had a CPR/First Aid Certification from a course administered in accordance to ECC/ILOR and AHA guidelines, it is now understood that the course must include an in-person skills evaluation or will not be recognized by the DOH. In the future, SCG on boarding and annual checklist will include a note next to the CPR/First Aid check box that states “The CPR/First Aid course must include an in-person skills evaluation.”</p>	02/16/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1—Cardiopulmonary resuscitation certification not available.</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>Yes. The deficiency has been corrected. The substitute caregiver obtained a Cardio Pulmonary Resuscitation Certification from a training facility that provides an in-person skills evaluation in addition to the course administration in accordance with ECC/ILOR and AHA guideline. Please see attached CPR/First Aid Certification for SCG #1</p>	02/16/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1—Cardiopulmonary resuscitation certification not available.</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>Although the SCG#1 had a Cardio Pulmonary Resuscitation Certification from a course administered in accordance with ECC/ILOR and AHA guidelines, it is now understood that the course must include an in-person skills evaluation or will not be recognized by the DOH. In the future, SCG on boarding and annual checklist will include a note next to the Cardio Pulmonary Resuscitation Certification check box that states "The Cardio Pulmonary Resuscitation Certification course must include an in-person skills evaluation."</p>	<p>02/16/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2—Bottle of 'Purelax (Polyethylene Glycol 3350)' observed in the resident's medication storage bin without proper labeling.</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>Yes, the deficiency has been corrected. The bottle of Polyethylene Glycol 3350 for resident #2 has a complete and proper label attached. We did have the second label with the order printed already and attached it immediately.</p>	<p>02/03/26</p>

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	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 #3—Bottle of ‘One Daily Essential Multivitamin’ bottle observed in medication bin expired on 7/2025. Medication ordered by physicians was not made available.</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 expired multivitamin was immediately removed and properly disposed of upon discovery. A review of all medications in the resident’s bin was conducted to ensure no other expired items were present.</p>	02/03/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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—Furosemide 20mg order includes hold parameters if Systolic Blood Pressure < 110mmhg. Medication administration record (MAR) review shows medication administered on 1/31/2026 without documented BP prior to administration. Medication is not provided in accordance with physician's order.</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>	

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☒	<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—Furosemide 20mg order includes hold parameters if Systolic Blood Pressure < 110mmhg. Medication administration record (MAR) review shows medication administered on 1/31/2026 without documented BP prior to administration. Medication is not provided in accordance with physician's order.</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>It was identified that the SCG failed to document the resident's blood pressure prior to administering Furosemide as required by the physician's order. The SCG was immediately re-educated on reviewing hold parameters and ensuring vital signs are checked and documented before medication administration.</p> <p>In the future, PCG will put aside 1 hr everyday to review all documentation including the MAR to ensure they are correct. Additionally, medication administration documentation will be reviewed weekly by the PCG to ensure compliance with physician-ordered hold parameters.</p>	02/05/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1—Physician-ordered eye drop solution (Prednisone Acetate 1%, Moxifloxacin 0.5%, and Bromfenac 0.075%) for procedure and maintenance not transcribed on MAR. No documentation of medication being given, held, or refused by the resident.</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—During MAR review, medications (Mirtazapine 7.5 mg, Melatonin 3 mg, and Tamsulosin 0.4 mg) were not recorded as given, held, or refused by the resident on 1/19/2026.</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>	

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☒	<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—During MAR review, medications (Mirtazapine 7.5 mg, Melatonin 3 mg, and Tamsulosin 0.4 mg) were not recorded as given, held, or refused by the resident on 1/19/2026.</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>An in-service was done with staff reminding them to fill out the MAR after every med pass. In the future, PCG will put aside 1 hr everyday to review all documentation including the MAR to ensure they are correct.</p>	02/05/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1—Rolling walker and dentures not included in resident's list of possessions and valuables.</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>Yes, the deficiency has been corrected and has since been added in the resident's list of possessions and valuables.</p>	<p>02/05/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1—Rolling walker and dentures not included in resident's list of possessions and valuables.</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>Staff has been re-educated on the requirement to immediately document all resident belongings in the Inventory of clothing and valuables upon receipt. The substitute caregiver training checklist will be updated to include proper documentation of Inventory of clothing and valuables including assistive devices such as walkers and dentures.</p>	02/05/26

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Licensee's/Administrator's Signature: *Susan Halvorsen*

Print Name: Susan Halvorsen

Date: Feb 20, 2026

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