

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hilina`i Care Home, LLC	CHAPTER 100.1
Address: 94-250 Kipou Street, Waipahu, Hawaii 96797	Inspection Date: January 9, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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 – New physician order dated 3/19/25 for Ibandronate 150 mg take 1 tab once a month, was not carried out and/or transcribed on the medication administration record (MAR) until 4/16/25.</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 – New physician order dated 3/19/25 for Ibandronate 150 mg take 1 tab once a month, was not carried out and/or transcribed on the medication administration record (MAR) until 4/16/25.</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>IN THE FUTURE ALL MEDICATIONS AND SUPPLEMENTS, SUCH AS VITAMINS, MINERALS, AND FORMULAS, SHALL BE MADE AVAILABLE AS ORDERED BY PHYSICIAN OR APRN AND PHYSICIANS ORDERS SHALL BE FOLLOWED AND DOCUMENTED AS THE PHYSICIANS ORDER IN THE MAR. WILL PUT A REMINDER CHECKLISTS IN FRONT OF THE MAR FOLDER TO CHECK EVERY TIME THERE IS NEW PHYSICIAN OR APRN ORDER AND WHEN DOCUMENTING MEDICATIONS.</p>	<p>2/4/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – Height and weight measurements were not taken on admission.</p> <p><i>Please obtain height and weight submit proof of documentation with your plan of correction (POC).</i></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>PCG CORRECTED AND PUT THE HEIGHT AND WEIGHT MEASUREMENT OF RESIDENT IN THE REGISTER. (COPY OF THE RESIDENT REGISTER REFLECTING CHANGES WILL BE SENT IN A SEPARATE EMAIL.</p>	1/09/2026

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that monthly weights were taken.</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>PCG ASKED ORDER FROM BRISTOL HOSPICE MD/APRN TO USE MID UPPER ARM CIRCUMFERENCE TO MEASURE BEDBOUND RESIDENT WEIGHT FOR BEDBOUND RESIDENT IS HARD TO WEIGH AND NO BED SCALES AVAILABLE. WEIGHT WAS MEASURED AND DOCUMENTED IN THE REGISTER.</p>	<p>2/4/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #3 was taken to the emergency room (ER) on 11/16/25 due to frequent urination and was later diagnosed with urinary retention/UTI; however, no incident report was generated.</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan did not reflect the following:</p> <ul style="list-style-type: none"> - ALL medication and treatment orders - Total care ADL needs - Hospice services <p><i>Submit a copy of the revised care plan with POC.</i></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>CASE MANAGER CORRECTED THE SERVICE PLAN TO REFLECT THE MEDICATIONS, TREATMENT ORDERS, TOTAL CARE ADL NEEDS AND HOSPICE SERVICES FOR RESIDENT.</p>	<p>1/09/2026</p>

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan did not reflect the following:</p> <ul style="list-style-type: none"> - ALL medication and treatment orders - Total care ADL needs - Hospice services 	<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>IN THE FUTURE, PCG WILL DOUBLE CHECK AND PUT IN THE REMINDER CHECKLIST TO REFLECT AND DOCUMENTED IN THE CASE MANAGEMENT CARE PLAN ALL MEDICATIONS, TREATMENT ORDERS AND TOTAL CARE ADL NEEDS INCLUDING HOSPICE SERVICES FOR A HOSPICE RESIDENT.</p>	<p>2/4/26</p>

Licensee's/Administrator's Signature: MARIBEL B. TAN

Print Name: MARIBEL B. TAN

Date: 01/14/2026

Licensee's/Administrator's Signature: MARIBEL TAN

Print Name: MARIBEL TAN

Date: 02/04/2026