

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care A, LLC	CHAPTER 100.1
Address: 2649 A Huapala Street, Honolulu, Hawaii 96822	Inspection Date: December 9, 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).

RECEIVED

DEC 22 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Trial diet order of minced/soft small bite size diet noted by staff on 9/14/25 was provided for resident but no evidence of physician signed diet 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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Trial diet order of minced/soft small bite size diet noted by staff on 9/14/25 was provided for resident but no evidence of physician signed diet 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> <ol style="list-style-type: none"> 1. PCG and management team to continue training all staff on proper diet orders including trial diet orders and components required to implement such as MD orders. 2. However, further, PCG is already notified in advance by dietician on scheduled visits planned for annual assessments. 3. When this occurs, PCG to notify the houses of their upcoming visit and the expectation involved to ensure recommendations are not overlooked. 4. PCG to collaborate with ADON and NM to create and implement checklist for annual dietician visits. This will include expectations pre and post dietician visit and when it is necessary to obtain an MD order i.e., trial diet order. 	12/16/25

RECEIVED

DEC 22 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – PRN medications stored in same container without separate compartments that contain internal (acetaminophen, tussin syrup) and external (lidocaine patches, metax lotion, nystatin powder) medications</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>External medication placed inside plastic bag providing barrier.</p>	<p>12/16/25</p>

RECEIVED

DEC 22 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – PRN medications stored in same container without separate compartments that contain internal (acetaminophen, tussin syrup) and external (lidocaine patches, metax lotion, nystatin powder) medications</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>1. Medications currently separated in routine and PRN baskets and further divided by route by cardboard dividers. 2. For medications that do not have adequate space within the baskets to further divide, PCG/SCGs will use plastic bag to create barrier.</p>	12/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the facility followed up with the resident’s physician regarding the consultant registered dietitian’s recommendation (10/18/25) for a speech language pathologist consult for possible dysphagia.</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>Late entry documentation made as ST was refused after dietician visit.</p>	<p>12/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the facility followed up with the resident’s physician regarding the consultant registered dietitian’s recommendation (10/18/25) for a speech language pathologist consult for possible dysphagia.</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> <ol style="list-style-type: none"> 1. PCG and management team to continue training on proper diet orders including trial diet orders and components required to implement such as MD orders. 2. However, further, PCG is already notified in advance by dietician on scheduled visits planned for annual assessments. 3. When this occurs, PCG to notify the houses of their upcoming visit and the expectation involved to ensure recommendations are not overlooked. 4. PCG to collaborate with ADON and NM to create checklist for annual dietician visits. This will include expectations post dietician visit and when it is necessary to obtain an MD order i.e., trial diet order. 	12/16/25

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 12/22/25