

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Ohana Care	CHAPTER 100.1
Address: 3846 Noeau Street, Honolulu, Hawaii 96816	Inspection Date: October 7, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (c) Any individual providing services to the residents who develops evidence of an infectious disease shall be immediately relieved of any duties relating to food handling or direct resident contact, or both, and shall continue to be relieved of those duties until such time as a physician or APRN certifies it is safe for the individual to resume the duties. Undiagnosed skin lesions, respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease.</p> <p><b><u>FINDINGS</u></b>  Substitute Caregiver (SCG) #1 – Initial 2-step TB clearance unavailable</p> <p>Submit a copy 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>SCG1's PCP has retired, new PCP fully booked until April 2026 for in-clinic TB Skin test administration.</p> <p>Quantiferon TB Test was done instead.</p> <p>See attached "1 - 10/17/2025 - [redacted] TB Clearance.pdf"</p>	10/17/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis (TB) clearance.</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Initial 2-step TB clearance unavailable</p> <p>Submit a copy 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>An SCG onboarding checklist has been made along with a tracker for all staff credentials. To prevent oversight of staff compliance requirements.</p> <p>See attached "2 - Staff Onboarding Checklist.pdf"</p>	10/08/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Two (2) bottles of Lysol disinfecting spray stored unsecured in kitchen sink cabinet</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>All under-sink cabinets were inspected for toxic chemicals and cleaning agents. Those that contained the said toxic chemicals and cleaning agents were removed, stored and locked in the chemical cabinet located in the laundry room.</p>	10/08/25

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	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>FINDINGS</b>  Resident #1 – Current annual influenza vaccination unavailable</p> <p>Submit a copy 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>Resident #1 received the annual influenza vaccine the day prior to the inspection. However, the primary care provider's office does not issue an after-visit summaries. Following the inspection, our team immediately contacted the PCP office to request documentation confirming that the vaccination was administered. A copy of the resident's vaccination records was faxed to Island Ohana Care by the end of the same day and is now filed in the resident's binder for verification.</p> <p>See attached "4 – MS Vaccination Record.pdf"</p>	<p>10/08/25</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>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident's response to medications was not documented in monthly progress notes for the following months: 3/2025-6/2025, 8/2025-9/2025</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>§11-100.1-20 <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 – Current annual dental exam unavailable</p> <p>Submit a copy 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 resident was offered to schedule an annual dental examination but declined. The POA was contacted and requested that the facility respect the resident's decision. A progress note was made to document the refusal, and the resident continues to be monitored for any changes in dental status or needs.</p> <p>See attached "6 – 10/08/2025 - Progress Note.pdf"</p>	<p>10/08/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> Bedrooms #1, 2, 4 – Pliable plastic pillow covers unavailable on pillows</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>All pillows located in each resident room are personal pillows brought in by residents or their families. Each pillow has been labeled with the resident's initials for identification, per the RN Consultant's recommendation. The facility has confirmed that all pillows are in good condition and meet comfort and hygiene standards.</p> <p>See attached "7 - Pillow Photos.pdf"</p>	10/08/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Bedroom #1 – Signaling device unavailable at bedside</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>Each resident at the facility is given a signaling device to be carried by the resident at all times. At time of inspection, resident decided to leave the signaling device in her drawer. The resident was reminded of carrying the signaling device at all times and asked to notify staff if she prefers not to keep the signaling device on her so staff can ensure that the signaling device is located at bedside.</p> <p>Staff were instructed to keep signaling device with residents or be placed at bedside.</p>	<p>10/08/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Bedroom #1 – Signaling device unavailable at bedside</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's staff was instructed to keep signaling device with residents or be placed at bedside.</p> <p>The facility's "Daily Task List" was updated to add a specific task pertaining to ensuring residents have their signaling devices on person OR at bedside.</p> <p>See "8 - Daily Task List - v4.pdf"</p>	10/08/25

Licensee's/Administrator's Signature: 

Print Name: Harvey Banag

Date: 10/20/25

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