

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ka Malama Home II	CHAPTER 100.1
Address: 45-332 Ka Hanahou Circle, Kaneohe, Hawaii 96744	Inspection Date: February 13, 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).**

RECEIVED  
MAR 20 2026

	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><b>FINDINGS</b> Resident #1 - Current medication list signed by MD (1/9/26) states Acetaminophen ES 500 mg 1-2 tabs PRN for pain, but no supply available.</p> <p><i>Submit documentation with your plan of correction.</i></p> <p><i>Note: Attached are documents to prove that I corrected the deficiency.</i></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><i>YES , I called the office of the PCP of Res.#1 and clarified the orders for PRN meds. for PAIN and FEVER and ROUTINE meds. for PAIN associated with Arthritis.</i></p> <p><i>A new prescription ORDER for PRN meds. for PAIN which is ACETAMINOPHEN ES 500 mg. 1-2 tabs. every 6 hours as Needed (not to exceed 3 grams per DAY) was sent by PCP to LONGS Pharmacy.</i></p> <p><i>PCP picked up the supply of PRN meds. for PAIN and recorded it in the KMETT inventory ledger for meds. and put the supply in the box of Res.#1</i></p>	<p><i>3/2/2024</i></p> <p><i>3/4/2024</i></p> <p><i>3/4/2024</i></p>

RECEIVED

MAR 20 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - Current medication list signed by MD (1/9/26) states Acetaminophen ES 500 mg 1-2 tabs PRN for pain, but no supply available.</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><i>TO PREVENT IT WILL NOT HAPPEN AGAIN IN THE FUTURE THE PCP / Substitute Care Giver shall do the following:</i></p> <ol style="list-style-type: none"> <li><i>1) Review the MD/APRN order/s and verify it from the AFTER VISIT REPORT (AVR) and immediately write it in the MAR. AS it OCCURS</i></li> <li><i>2) With the aid of a checklist per resident, the need to check and verify current medications vi's-a-vi's monthly MAR to determine if there are meds. that has been discontinued or not or if there are changes. Monthly</i></li> <li><i>3) conduct regular physical inventory of both routine and PRN meds. in each residents med. box. Weekly</i></li> </ol>	

RECEIVED  
MAR 20 2026

	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><b><u>FINDINGS</u></b> Resident #1 - Current medication list signed by MD (1/9/26) states Losartan 50 mg 1 tab po 2x/day hold if SBP &lt;115 or DBP &lt;55, but the parameter is not reflected on the medication administration record (MAR).</p> <p><i>Submit documentation with your plan of correction.</i></p> <p><i>(Note: Attached is a sample copy of the MAR with the parameters of the B/P reflected on it &amp; results of B/P taken BID.)</i></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><i>YES, I reviewed the MAR of previous months and revised the current MAR to include the order to have the B/P Parameters written on the MAR.</i></p> <p><i>Secondly, PCG came up with a listing for all patients with B/P meds. in the Bulletin Board to determine the parameters of each one as ordered by the PCP.</i></p> <p><i>Lastly PCG assigned the Substitute Caregiver in checking the DAILY ENTRY OF DATA in the MAR and verify if the B/P meds. were administered as ordered by the PCP using the parameters given.</i></p>	

RECEIVED  
MAR 20 2026

	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><b><u>FINDINGS</u></b> Resident #1 - Current medication list signed by MD (1/9/26) states Losartan 50 mg 1 tab po 2x/day hold if SBP &lt;115 or DBP &lt;55, but the parameter is not reflected on the medication administration record (MAR).</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 style="text-align: center;"><i>TO PREVENT THE DEFICIENCY TO HAPPEN AGAIN IN THE FUTURE THE PCA WILL DO THE FOLLOWING:</i></p> <ol style="list-style-type: none"> <li><i>1. Double check the orders of the MD/APRN before typing it in the final copy of the MAR to include all the instructions stated in the order.</i></li> <li><i>2. Make a listing of the names of the residents with B/P meds. and post it in the Bulletin Board of the staff indicating the Parameters when to give or not to give the appropriate B/P meds.</i></li> <li><i>3. Assign the Substitute Caregiver (SCG) to check the MAR for the appropriateness of the Administration of B/P meds.</i></li> </ol>	

RECEIVED

MAR 20 2026

	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><b>FINDINGS</b> Resident #1 - The physician ordered Hiprex and Vitamin C to be held if the resident was receiving antibiotic therapy. However, review of the MAR indicates that these medications were not held during antibiotic administration on 05/16/25–05/18/25 and 06/06/25–06/08/25.</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>	

RECEIVED  
MAR 20 2026

	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><b><u>FINDINGS</u></b> Resident #1 - The physician ordered Hiprex and Vitamin C to be held if the resident was receiving antibiotic therapy. However, review of the MAR indicates that these medications were not held during antibiotic administration on 05/16/25-05/18/25 and 06/06/25-06/08/25.</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><i>To ensure that it doesn't happen again the PCG will do the following:</i></p> <ol style="list-style-type: none"> <li><i>1) Review the MD/APRN orders and verify if it jibes with what is written in the MAR.</i></li> <li><i>2) Use a post-it tab. to determine the exact date and time the particular meds. was put on-hold.</i></li> <li><i>3) Assign the substitute caregiver to re-check the MAR if it was properly filled-up giving emphasis on the date the particular meds. are supposed to be put on hold.</i></li> <li><i>4) Record it in the Progress Notes for any significant changes or response to the order/s provided by the MD/APRN.</i></li> </ol>	

RECEIVED  
MAR 20 2026

	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><b><u>FINDINGS</u></b>  Resident #1 - A new order dated 09/30/25 directed to start Glucerna, 1 carton BID, for weight loss. However, review of the MAR shows this order was not documented until 02/01/26.</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>	

RECEIVED  
MAR 20 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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><b><u>FINDINGS</u></b> Resident #1 - A new order dated 09/30/25 directed to start Glucerna, 1 carton BID, for weight loss. However, review of the MAR shows this order was not documented until 02/01/26.</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><i>To ensure that it doesn't happen again the PCG / substitute caregiver shall:</i></p> <ol style="list-style-type: none"> <li>1) Review the new orders of the MD/APRN as reflected in the Affn. Visit - Report (AVR) for Res-#1. <span style="float: right;">As it arises</span></li> <li>2) Immediately, write down the new order/s in the MAR to include the date it was ordered and other details/instructions made by MD/APRN <span style="float: right;">Within the day the order given</span></li> <li>3) Use a checklist to double check the correctness of what is written in the MAR vis-a-vis MD/APRN order/s. <span style="float: right;">Monthly</span></li> <li>4) Document properly in the progress notes the start and the condition of the patient before Glucerna is given; the response of taking it and if the pt. tolerates the fx being given. Monthly weighing should be part of the plan to determine the effectivity of the fx. <span style="float: right;">Monthly</span></li> </ol>	

**RECEIVED**  
**MAR 20 2026**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b>FINDINGS</b>  Resident #2 – No documentation of recent medical examination. Last documented physical exam was dated 1/15/25, and the resident was admitted on 2/1/26.</p> <p><i>Submit documentation with your plan of correction.</i></p> <p><i>Note: Attached is a copy of the Annual PE with the last visit of Res. # 2 with the AVR as basis.</i></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><i>YES, THE FOLLOWING WERE DONE BY THE PCG:</i></p> <ol style="list-style-type: none"> <li><i>1) GOT IN TOUCH WITH THE FORMER CARE HOME OF RES. # 2 TO REQUEST A COPY OF THE LATEST PHYSICAL EXAM (P.E.) BEFORE SHE WAS ADMITTED TO OUR CARE HOME.</i></li> <li><i>2) A COPY OF THE P.E. WAS SENT TO THE PCG HOWEVER, IT WAS FOUND OUT THAT THE P.E. REPORT WAS DONE 1/15/2025 WHICH ALREADY LAPSED THE ONE (1) YEAR ALLOWABLE REQUIREMENT SINCE RES. # 2 WAS ADMITTED 2/1/2026 TO OUR CARE HOME.</i></li> <li><i>3) PCG scheduled an appointment (Face to face) with the PCP of Res. # 2 for Annual P.E. However, PCG was informed by the office of the PCP that she was last seen 11/6/2025.</i></li> <li><i>4) A copy of the Annual P.E. form was given to the PCP and filled it up based on her last encounter with Res. # 2.</i></li> </ol>	

RECEIVED  
MAR 20 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documentation of recent medical examination. Last documentation was dated 1/15/25, and the resident was admitted on 2/1/26.</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>7 TO ENSURE THAT THIS UNIT HAPPEN AGAIN IN THE FUTURE THE PCA shall:</p> <ol style="list-style-type: none"> <li>1) Utilize the Care Home checklist for new admission/re-admission. 7 Pre-adm. date</li> <li>2) Discuss with the patient and family the basic requirements for admission during the assessment visit. 7 pre-admission assessment/visit</li> <li>3) Double check all the documents in the checklist that are submitted. In the event that the admission paperwork are not complete, 7 One(1) the prospective resident will be denied admission until the documents are properly accomplished. 7 One(1) to two(2) days before the day of Admission.</li> </ol>	

RECEIVED

MAR 20 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – Records show the resident completed a Quantiferon blood test. However, no documentation of tuberculosis (TB) clearance signed by the physician.</p> <p><i>Submit documentation with your plan of correction.</i></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>YES, the PCG called the PCP of Res. #3 and informed him about the result of the TB test using the Quantiferon blood test.</p> <p>The PCG explained the need to have the TB clearance signed by the PCP of Res. #3.</p> <p>The PCG sent a copy of the DHH TB Clearance Form-F to the PCP of Res. #3 for his signature of TB clearance.</p> <p>(Attached is a copy of the negative TB result and a copy of the TB clearance Form-F signed by the PCP.</p>	<p>March 2, 2026</p> <p>same as above</p> <p>March 3, 2026</p>

RECEIVED  
MAR 2 0 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – Records show the resident completed a Quantiferon blood test. However, no documentation of tuberculosis (TB) clearance signed by the physician.</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><i>&gt; To ensure that this won't happen again in the future, the PCG/ substitute caregiver will do the following:</i></p> <ol style="list-style-type: none"> <li><i>1) Review and orient the patient and family representative the checklist of the basic requirements for admission.</i></li> <li><i>2) Admitting staff will require a copy of the result of the latest TB test and refer it to the MD for authentication to sign the TB clearance using the TB Form - F.</i></li> <li><i>3) Secure a documentation of TB clearance signed by the MD using the department TB-Form-F. then file it in the patient's record @ the CH.</i></li> </ol>	

Licensee's/Administrator's Signature: *[Handwritten Signature]*

Print Name: HEVEN GRACE M. SUZUKI

Date: 3/15/2024

RECEIVED  
MAR 20 2024