Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kailua Ohana	**CHAPTER 100.1**
Address: **1346 Akamai Street, Kailua, Hawaii 96734**	**Inspection Date: July 22, 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. 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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** Primary Care Giver (PCG)- No current background check clearance. Last completed on 4/14/23. *Submit a copy with your Plan of Correction (POC).*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG current background check clearance completed on 03/21/25. Copy submitted	10-23-25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(1) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** Primary Care Giver-- No current background check clearance. Last completed on 4/14/23.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again: 1. As soon the background check clearance is completed, the PCG will immediately place it in the right file available for the department to review. 2. PCG will add a notation on the calendar to review the right file at least once a month to make sure all documents or forms are completed and updated ready for the department to review. 3. PCG will train her SCG to the number 2 -- above, whenever the PCG is busy or not available.	10-23-25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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 clearance. **FINDINGS** Substitute care giver (SCG) #1 – No documentation of tuberculosis (TB) clearance signed by a practitioner (MD/APRN). TB document on file was invalid. *Submit documentation with your POC.*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG (#1) PCG instructed for the SCG to bring the unsigned TB clearance to Lanakila Clinic. TB clearance was signed on 7-31-2025 COPY SUBMITTED	8-19-25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 clearance. **<u>FINDINGS</u>** Substitute care giver (SCG) #1 – No documentation of tuberculosis (TB) clearance signed by a practitioner (MD/APRN). TB document on file was invalid.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again: 1. PCG will recheck the TB clearance provided to make sure it's complete and adequate to the department requirements. 2. PCG will provide the right form with updated instruction/information for TB clearance to avoid missing information. 3. PCG will review the SCG file with a checklist at least once a month. 4. PCG will instruct SCG to read the updated information/instruction/new forms on how to obtain the proper TB clearance to meet the department requirement.	10-23-25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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: 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; **FINDINGS** Resident #2 was admitted on 6/19/25, and the initial tuberculosis (TB) clearance of a 2-step skin test was not completed prior to admission. The first skin test was completed on 6/19/25, and according to PCG, Kaiser home care completed the 2nd skin test at the care home, but documentation is unavailable. *Submit a copy of the 2nd step with your POC.* Resident #3 was admitted on 12/27/25, and the initial TB clearance was not completed prior to admission. Records show 1 skin test was completed on 7/31/24, but the second skin test was not completed. Per PCG, unable to retrieve information. Resident completed IGRA blood test on 3/4/25.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 2nd skin test done on 10/10/25. Result negative. Copy submitted	10-23-25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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: 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; **FINDINGS** Resident #2 was admitted on 6/19/25, and the initial tuberculosis (TB) clearance of a 2-step skin test was not completed prior to admission. The first skin test was completed on 6/19/25, and according to PCG, Kaiser home care completed the 2nd skin test at the care home, but documentation is unavailable. Resident #3 was admitted on 12/27/25, and the initial TB clearance was not completed prior to admission. Records show 1 skin test was completed on 7/31/24, but the second skin test was not completed. Per PCG, unable to retrieve information. Resident completed IGRA blood test on 3/4/25.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening: 1. PCG will follow the initial TB clearance as required by the department for any admission to the care home. 2. PCG will follow the initial TB clearance as required by the department for any admission to the care home. 3. PCG will review the updated information on TB clearance provided by the department twice a year and as needed. (This information is easily available to everyone to read/review.) 5. (previous explanation not acceptable) (New). As a reminder, I will add on to the resident's admission checklist the TB clearance requirement for new admission. To make sure it will be completed before admission to the care home.	10-23-25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – No January 2025 progress notes.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – No January 2025 progress notes.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1. PCG will add more empty/new progress notes on resident's chart. This will prevent from misplacing completed documents. 2. PCG will go through resident's chart checklist once a month and as needed. 3. PCG will add a note to the main calendar (using iPhone calendar) once a month to check the checklist on the patient's chart. 4. Whenever I got too busy, I will ask my SCG to help me review the resident chart to make sure all documents are properly in place and completed ready for the department to review.	10-23-24

Licensee's/Administrator's Signature: Edna Lomboy

Print Name: Edna Lomboy

Date: 08/19/2025

Licensee's/Administrator's Signature: *Edna Lomboy*

Print Name: Edna Lomboy

Date: 10/23/2025