

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Kaimuki Home LLC	<b>CHAPTER 100.1</b>
<b>Address:</b> 1021 17 <sup>th</sup> Avenue, Honolulu, Hawaii 96816	<b>Inspection Date:</b> June 25, 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"/> §11-100.1-14 <u>Food sanitation. (f)</u> 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.  <u>FINDINGS</u> One (1) Corner containing bleach was found under the kitchen sink cabinet unsecured.  Primary caregiver (PCG) removed and secured the cleaning agent during the time of inspection.	PART 1  <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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> One (1) Comet containing bleach was found under the kitchen sink cabinet unsecured.  Primary caregiver (PCG) removed and secured the cleaning agent during the time of inspection.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></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>To prevent this deficiency from happening in the future, I have placed a reminder sign in front of the kitchen sink.</p>	06/25/25

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.  <u>FINDINGS</u> Resident #1 - Physician ordered on 2/9/25 for "Flomax 0.4 mg Take 1 cap by mouth at bedtime", however, the May and June 2025 medication administration records (MAR) was written as, "Flomax cap Take 1 cap by mouth at bedtime". No medication strength was indicated on the MARs.	PART 1  <b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.  <b>FINDINGS</b> Resident #1 - Physician ordered on 2/9/25 for "Flomax 0.4 mg Take 1 cap by mouth at bedtime"; however, the May and June 2025 MARs was written as, "Flomax cap Take 1 cap by mouth at bedtime". No medication strength was indicated on the MARs.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></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 had created a posted reminder for myself on top of the Medcart &amp; MAR binder to remind and double check to make sure all medication strength is indicated in the MAR's Monthly.</p>	06/06/25

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:  All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;  <u>FINDINGS</u> Resident #1 - Blue ink was used to transcribe in the Resident Financial Statement record.	PART 1  <b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports, (F)(1)</u> General rules regarding records:  All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;  <u>FINDINGS</u> Resident #1 - Blue ink was used to transcribe in the Resident Financial Statement record.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></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>To prevent this deficiency in the future, I added on my admission checklist for a reminder that each admission forms need to use a black ink.</p>	06/26/25

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.  <u>FINDINGS</u> Smoke detectors are to be inspected and documented on a log monthly; however, there was no documented evidence of a January 2025 and February 2025.	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment (h)</u> The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.  <b><u>FINDINGS</u></b> Smoke detectors are to be inspected and documented on a log monthly; however, there was no documented evidence of a January 2025 and February 2025.	<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>In the future, I will use my cell phone reminder to check monthly smoke detectors every 1st Sunday of the month and log immediately.</p>	06/26/25

Licensee's/Administrator's Signature:

*Mylene Maballo*

Print Name:

Mylene Maballo

Date:

Jul 10, 2025