

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C. (918)	CHAPTER 100.1
Address: 918 12th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 12, 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).**

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) who cooks/prepares daytime meals states cooking temperature is not measured prior to serving to residents</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>SCG retrained on dietary and serving expectations.</p>	12/16/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) who cooks/prepares daytime meals states cooking temperature is not measured prior to serving to residents</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> <ol style="list-style-type: none"> <li>1. Upon dietary training and orientation for all nurse aids, hands on training will occur with meat thermometer to ensure internal temperatures are reaching expectations for dietary safety.</li> <li>2. In addition, all dietary staff are trained to serve on rolling cart around table. On this cart will be a laminated sign placed stating, "Ensure all heated foods have reached 165F degrees before serving".</li> <li>3. This will serve as a visual reminder in all homes prior to serving residents.</li> </ol>	12/30/25

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that the Safe Swallowing Precautions provided by the speech language pathologist on 9/17/25 are being followed.</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>1. Safe swallowing Precautions added to MAR binder for review and added to MAR for documentation that they are being followed.</p>	12/16/25

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that the Safe Swallowing Precautions provided by the speech language pathologist on 9/17/25 are being followed.</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>1. PCG to collaborate with ADON and NM to create checklist for ST visits/discharge. This will include expectations post visit and remind SCG when collaboration with MD or PCG, follow up and further documentation is necessary. This will be placed and kept in the home and on the iPad for reference for all SCGs.</p>	12/16/25

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Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 12/30/25

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