

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C. (930)	CHAPTER 100.1
Address: 930 12 th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 2, 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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> During lunch meal service, standardized utensils were not utilized to ensure the adequate portion sizes served as stated on the menu.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>During audit, float NA unfamiliar with home, kitchen set up, and required utensils for proper food servings. Unable to identify the needed utensils for the recipe observed. NA re-educated after audit on 12/01/25 to ensure that as she floats to other houses, correct utensils and portions are utilized for resident's nutrition.</p>	12/09/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> During lunch meal service, standardized utensils were not utilized to ensure the adequate portion sizes served as stated on the menu.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Upon hire, all NAs are to be oriented to the Care Home kitchen and menu/recipes with official training by nurse management/Office Manager to orient to location of utensils and required serving sizes to adhere to. Within the Care Homes, immediate plan includes Office Manager to order separate containers for all Care Homes and label as "Serving Utensils ONLY" "See recipe for appropriate serving sizes". This container will be conveniently placed in the kitchen for all staff to see ideally ensuring respective utensils are utilized since they will be divided and labeled. The goal is to provide a visual presentation for staff unfamiliar with that particular homes set up.</p>	<p>12/09/25</p>

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Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 12/09/25

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