

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina 'Ole Estate, LLC	CHAPTER 100.1
Address: 45-225 William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: November 21, 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).**

RECEIVED

NOV 24 2025

	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 – Physician’s order dated 11/3/25 states, “Acetaminophen 325mg tabs Take 2 tabs (650mg) by mouth every 4 hours as needed for temperature greater than 100F, headache, or pain”; however, medication unavailable to administer</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>Acetaminophen 325 mg for Resident #1 was picked up on 11/24/25 and is now available in the facility in the resident’s PRN medication box.</p>	<p>11/24/25</p>

RECEIVED

NOV 24 2025

	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 – Physician’s order dated 11/3/25 states, “Acetaminophen 325mg tabs Take 2 tabs (650mg) by mouth every 4 hours as needed for temperature greater than 100F, headache, or pain”; however, medication unavailable to administer</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>To prevent this deficiency from happening again in the future, the PCG will maintain a list of as-needed (PRN) medications in her office that need to be refilled monthly. She will regularly review this list every month to ensure all PRN medications are available for administration. Additionally, the PCG will set weekly reminders on her phone to check the medication supply and verify that all required medications are on hand.</p>	<p>11/24/25</p>

RECEIVED

NOV 24 2025

	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 – Physician’s order dated 1/22/25-present states, “Sennosides-Docusate Sod (STIMULANT LAXATIVE PLUS) 8.6-50mg Oral Tab Take 1 tab by mouth daily. Hold for loose stool.”; however, MAR shows medication was not made available until 7/3/25.</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

NOV 24 2025

	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 – Physician’s order dated 1/22/25-present states, “Sennosides-Docusate Sod (STIMULANT LAXATIVE PLUS) 8.6-50mg Oral Tab Take 1 tab by mouth daily. Hold for loose stool.”; however, MAR shows medication was not made available until 7/3/25.</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>To prevent this deficiency from happening again in the future, the PCG will review all new physician orders on the same day they are received to ensure they are properly updated in the MAR. Additionally, the PCG will set a reminder on her phone each time a new order is sent to verify that the necessary corrections have been applied.</p>	<p>11/24/25</p>

RECEIVED

NOV 24 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not reflect the current diet order, Regular diet, Minced texture (8/6/25, 11/3/25) on August 2025, September 2025, and October 2025.</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

NOV 24 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not reflect the current diet order, Regular diet, Minced texture (8/6/25, 11/3/25) on August 2025, September 2025, and October 2025.</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>To prevent this deficiency from happening again in the future, the PCG will add any changes to the resident's diet in the progress notes on the same day the order is received so that the notes accurately reflect current orders. The PCG will also review the progress notes weekly to ensure they match the diet orders, and will perform a final review before printing to confirm that all information is correct and consistent.</p>	<p>11/24/25</p>

RECEIVED  
NOV 24 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)            The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence the intervention, “need to push fluids (early in day – limit at night due to nocturia) and include fiber/prunes/papaya in meals to prevent constipation” was followed as indicated in the Nutritional Management care plan.</p>	<p>PART 1</p> <p><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"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)            The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence the intervention, “need to push fluids (early in day – limit at night due to nocturia) and include fiber/prunes/papaya in meals to prevent constipation” was followed as indicated in the Nutritional Management care plan.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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 occurring again, the PCG will document any changes to a resident's diet in the progress notes on the same day the order is received, ensuring the notes always reflect the current physician orders. The PCG will also conduct a weekly review of all progress notes to verify they match the diet orders. In addition, a final review will be completed before printing to confirm all information is accurate and consistent. The PCG has also added a reminder note in her office to ensure this process</p>	<p>11/24/25</p>

RECEIVED

NOV 24 2025

Licensee's/Administrator's Signature: wehilani aluli

Print Name: wehilani aluli

Date: 11/24/25

RECEIVED

NOV 24 2025