

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kupuna Loving Care Home	CHAPTER 100.1
Address: 2024 Uhu Street, Honolulu, Hawaii 96819	Inspection Date: October ²⁹ 30 , 2025 Initial

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
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> Substitute Care giver (SCG) #1 – No fingerprint background check completed. <i>Submit a copy with your plan of correction (POC)</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Upon notification of the deficiency Substitute Caregiver (SCG) #1 was immediately removed from all caregiving duties and denied access to residents until fingerprint background clearance is completed and approved per OHCA requirements</p>	<p>1/17/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> Substitute Care giver (SCG) #1 – No fingerprint background check completed.</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>Reviewing caregiver background documentation prior to scheduling any substitute caregiver Conducting quarterly audits of caregiver files to ensure fingerprint clearance is on file and current</p>	<p>1/17/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Primary care giver (PCG) and SCG #1-3 – No documentation of current physical examination (PE). <i>Submit a copy with your POC.</i></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>Primary Caregiver (PCG) and Substitute Caregivers (SCG)#1-3 were scheduled for and completed physical examinations by a licensed physician to certify they are free from infectious disease Copies of the completed physical examinations are maintained in the personnel files and submitted with this plan of correction</p>	<p>1/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Primary care giver (PCG) and SCG #1-3 – No documentation of current physical examination (PE).</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>The Licensee has implemented a caregiver health clearance policy requiring:</p> <ul style="list-style-type: none"> - A completed physical examination prior to first contact with residents and - Annual Physical Examinations thereafter for all caregivers and household members providing care <p>A tracking Log has been established to record</p> <ul style="list-style-type: none"> - Date of last physical Examination - Physician clearance status - Annual renewal due dates 	T

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> SCG #2 – Tuberculosis (TB) clearance was not documented in TB Document F as required by the current TB regulations. <i>Submit a copy with your POC.</i></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>Substitute Caregiver (SCG) #2 obtained a TB clearance with current TB regulations. Documentation was completed on TB document F and placed in the personal file A copy of the completed TB clearance form is submitted with this Plan of correction</p>	<p>1/17/26</p>

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> SCG #2 – Tuberculosis (TB) clearance was not documented in TB Document F as required by the current TB regulations.</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>All caregivers including substitute Caregivers are required to obtain</p> <ul style="list-style-type: none"> - Initial TB clearance to resident contact - Annual TB clearance thereafter per regulation <p>TB clearance Tracking Log has been implemented to monitor</p> <ul style="list-style-type: none"> - date of last TB clearance -Expiration/renewal due date -verification of completed TB document 	<p>1/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Note expired canned goods and spices in the pantry cabinet.</p> <p>Noted an expired carton of whole milk in the refrigerator – discarded by PCG during this inspection.</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>All expired food items including canned goods, spices and expired carton of whole milk were immediately discarded by the PCG during inspection No expired food items were serve to residents</p>	<p>1/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Note expired canned goods and spices in the pantry cabinet.</p> <p>Noted an expired carton of whole milk in the refrigerator – discarded by PCG during this inspection.</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>The licensee has implemented a food expiration monitoring procedure requiring</p> <ul style="list-style-type: none"> -Weekly inspection of pantry and refrigerator items - Immediate disposal of expired or compromised food product <p>All food items will be clearly dated upon opening and stored in accordance with food and safety guidelines</p> <p>The Primary Care Giver will ensure that only safe unexpired food is stored prepared and serve to residents</p>	1/17/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Observed a weekly pill minder container with medications dispensed for the week in Resident #1's medication bin.</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>Immediately upon identification all medications in the weekly pill minder were returned to their original properly labeled prescription containers, The pill minder was discontinued for storage of medication outside of administration time</p>	<p>1/17/26</p>

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<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><u>FINDINGS</u> Resident #1 – No physician order for Diazepam administration as noted in progress notes dated 10/28/25. <i>Submit a copy with your POC.</i></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>Administration of Diazepam for Resident #1 was immediately reviewed A valid Physician/APRN order for Diazepam was obtained and placed in the resident's medication record No further administration occurred without a verified order. A copy of the signed order is submitted with this plan of correction</p>	1/17/26

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<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>FINDINGS Resident #1 – Physician order dated 10/1/25 for Senoxon-S 8.6 mg-50mg tab take 2 BID for constipation, hold if loose BM, but only given once on 10/24, as per October MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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><u>FINDINGS</u> Resident #1 – Physician order dated 10/15/25 for Furosemide 20 mg QD x 5 days, but medication was administered from 10/16/25 to 10/28/25 (13 days), as per October 2025 MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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☒	<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><u>FINDINGS</u> Resident #1 – No physician order for Menthol-Zinc Oxide ointment apply coccyx/buttocks or redness 3xs a day – noted on MAR. <i>Submit a copy with your POC.</i></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>A physician/APRN order was obtained specifying the medication application site frequency and indication The order was placed in the residents med rec and the MAR was updated to reflect the authorized order. No further application occurred w/out a verified physician/APRN order A copy of the signed order is submitted</p>	1/17/26

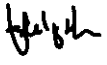
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – The following telephone orders (as per PCG) were not recorded on the physician's orders sheet:</p> <ul style="list-style-type: none"> - Diazepam administration prior to MRI procedure - Hold Amlodipine for SBP of 100 and below <p><i>Submit a copy with your POC.</i></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>The physician/APRN was contacted and the telephone med Orders were documented on the physician's order sheets Resident #1 Written confirmation/signature was obtained and the orders were placed in the resident medical record The MAR was reviewed and updated to ensure consistency w/the documented orders No further medication administration occurred w/out proper documentation of the physician/APRN order Copies of the signed physician orders are submitted with this plan of correction</p>	<p>1/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 was sent to the emergency room on 9/21/25 due to a change in condition and behavior, and no incident report was completed.</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>An incident report was completed retroactively to document the change in condition and emergency room transfer of Resident#2 on 9/21/25 The incident report was placed in the resident's record and retained under separate cover as required. The resident's progress notes were reviewed to ensure the incident was clearly documented The licensee/primary Caregiver reviewed to ensure the incident clearly documented. The Licensee /Primary Caregiver reviewed reporting requirements to ensure all unusual incidents are documented appropriately A copy of the completed incident report is submitted with this Plan of correction</p>	1/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 was sent to the emergency room on 9/21/25 due to a change in condition and behavior, and no incident report was completed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>All changes in condition, emergency room transfers or unusual incidents will be documented immediately in the resident's progress note An incident report will be completed the same day for any event requiring medical eval or physician/APRN notification the Licensee/Primary Caregiver will review progress notes daily to ensure all reportable</p>	<p>1/17/26</p>

Licensee's/Administrator's Signature: 

Print Name: Fides Delgado

Date: 11/11/2025

Licensee's/Administrator's Signature: Fides Delgado

Print Name: Fides Delgado

Date: 01/17/2026