

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Eldercare Inc.	CHAPTER 100.1
Address: 429 Ulupaina Street, Unit B1, Kailua, Hawaii 96734	Inspection Date: May 14, 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"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute caregiver (SCG) #1- No documented evidence that the SCG is currently certified in first aid.</p> <p>Please submit a copy of the first aid certification with your plan of correction.</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>Deficiency was not corrected. SCG#1 resigned from work Unable to contact her after she left the facility.</p>	<p>06/19/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG#1- No documented evidence that the SCG is currently certified in first aid.</p> <p>Please submit a copy of the first aid certification with your plan of correction.</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>To prevent similar deficiency in the future, I have added to my SCG CPR and first aid checklist to be checked before starting date of work and to be checked on every month thereafter.</p>	06/19/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #3- Inventory of all personal items brought in the Type I ARCH was not maintained. Last dated 10/19/23.</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>Yes, deficiency was corrected. Inventory of personal belongings for Resident #3 was updated.</p>	<p>05/15/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies. (g)</u> An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #3- Inventory of all personal items brought in the Type I ARCH was not maintained. Last dated 10/19/23.</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>To prevent similar deficiency in the future, I added to my reminder checklist to complete personal inventory of clients whenever items are brought into the facility. The reminder checklist must be done on a monthly basis or sooner as needed.</p>	05/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Resident #1- Physician ordered on 3/25/25 for Senna 50/8.6 mg Take 1 tablet PO BID for constipation. Hold for loose stools. Upon inspection, no documented evidence of a proper label on the Senna 50/8.6 mg bottle, only resident's name.</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>Deficiency was corrected, bottle of Senna was labeled with Resident #1 name, name of prescribing doctor, name of medication, strength, amount, route, frequency, and to hold medication for loose stools.</p>	<p>05/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Resident #1- Physician ordered on 3/25/25 for Senna 50/8.6 mg Take 1 tablet PO BID for constipation. Hold for loose stools. Upon inspection, no documented evidence of a proper label on the Senna 50/8.6 mg bottle, only resident's name.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future , I added a reminder under medication checklist that all medications are labeled according to Physician order and must be checked on a daily basis. All SCG are instructed to check all bottles and are properly labeled on a daily basis.</p>	<p>05/14/25</p>

	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><u>FINDINGS</u> Resident #1- Physician ordered on 3/25/25 for Carbamide Peroxide 6.5% drops- Place 5 drops into both ears 2 times a day. Use for 5 days prior to next MD visit; however, the medication administration record (MAR) and medication label was written for 4 days. No documented evidence of clarification between the physician order, MAR, and medication label.</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>Deficiency was corrected. Clarified with PCP, telephone order was received, MAR was corrected to read Carbamide Peroxide 6.5% drops-place 5 drops into both ears 2 times a day , use 5 days prior to next MD visit. MAR was corrected , physician order was copied and attached to the ear drop box container. Correction was placed into Resident #1 binder available for review.</p>	<p>05/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	
<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 ordered on 3/25/25 for Carbamide Peroxide 6.5% drops- Place 5 drops into both ears 2 times a day. Use for 5 days prior to next MD visit; however, the MAR and medication label was written for 4 days. No documented evidence of clarification between the physician order, MAR, and medication label.</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>To avoid similar deficiency in the future, I have added to my Physician orders and medication label checklist reminder for accuracy. I advised my substitute caregiver to double check all new medication orders and medication label are correct .</p>	<p style="text-align: center;">Completion Date</p> <p style="text-align: center;">05/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§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.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 3/25/25 for Trazodone 50 mg Take 1 tablet PO QHS, D/C PRN order; however, the May 2025 MAR was written as, Trazodone 50 mg Take 1 tablet PO at QHS PRN for sleep. The physician order and MAR transcription do not match.</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>Deficiency was corrected. May 2025 MAR for Resident #1 to read Trazadone 50mg tab 1 tab PO QHS. Trazadone PRN was discontinued. Correction was placed on Resident #1 binder.</p>	05/14/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 3/25/25 for Trazodone 50 mg Take 1 tablet PO QHS, D/C PRN order; however, the May 2025 MAR was written as, Trazodone 50 mg Take 1 tablet PO at QHS PRN for sleep. The physician order and MAR transcription do not match.</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>To prevent similar deficiency in the future, I assigned my substitute caregiver to double check all new physician orders and MAR transcriptions for accuracy. This is being done on all new physician's orders.</p>	<p>05/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1- One (1) bottle of Cetirizine 10 mg Take 1 tablet PO daily was discovered in the resident's medication bin. No documented evidence of a physician order available. Per primary caregiver (PCG), the medication was discontinued.</p> <p>PCG removed and discarded the medication during the time of inspection.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1- One (1) bottle of Cetirizine 10 mg Take 1 tablet PO daily was discovered in the resident's medication bin. No documented evidence of a physician order available. Per PCG, the medication was discontinued.</p> <p>PCG removed and discarded the medication during the time of 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>To prevent similar deficiency in the future, I added to my medication checklist to remove medication from the bin the day that medication is discontinued by the physician. I have also assigned my substitute caregiver to double check the order for accuracy on that day.</p>	<p style="text-align: center;">Completion Date</p> <p style="text-align: center;">05/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #3- Admission was on 1/1/25 with weight of 151 pounds. Current weight is 143.8 pounds resulting in weight loss of eight (8) pounds. No documented evidence of progress notes regarding weight loss.</p>	<p>PART 1</p> <p>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>§11-100.1-17 <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><u>FINDINGS</u> Resident #3- Admission was on 1/1/25 with weight of 151 pounds. Current weight is 143.8 pounds resulting in weight loss of eight (8) pounds. No documented evidence of progress notes regarding weight loss.</p>	<p style="text-align: center;">PLAN OF CORRECTION</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>To prevent similar deficiency in the future, I have added a reminder on weight loss checklist to document on my progress notes on a monthly basis and that physician is aware of the weight loss.</p>	<p style="text-align: center;">Completion Date</p> <p style="text-align: center;">05/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1- Bisacodyl was ordered for "No BM for 3 days" and Senna was ordered for "Constipation and hold for loose stools"; however, no documented evidence of an activity sheet to record bowel movement.</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>Deficiency was corrected. Bowel movement activity was added on the flow sheet to record daily bowel movement on Resident #1. Correction was placed on Resident #1 binder for review.</p>	<p>05/14/25</p>

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<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><u>FINDINGS</u> Resident #1- Bisacodyl was ordered for "No BM for 3 days" and Senna was ordered for "Constipation and hold for loose stools"; however, no documented evidence of an activity sheet to record bowel movement.</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>To prevent similar deficiency in the future, I have added to my activity sheet record of bowel movement to be completed on a daily basis. All SCG are trained to complete the bowel movement record at the end of the day.</p>	<p>05/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>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;</p> <p><u>FINDINGS</u> Blue ink was used to transcribe in the residents' registry and the height and weight record.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>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;</p> <p><u>FINDINGS</u> Blue ink was used to transcribe in the residents' registry and the height and weight record.</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>To prevent similar deficiency in the future, I disposed all blue ink pen around to avoid mistakes. Daily checks are to be made to ensure that there's no blue ink pen around. Substitute caregivers are advised to check on a daily basis.</p>	<p>05/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> SCG #2- No documented evidence that the SCG was trained to ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided.</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>Deficiency was corrected. Case manager was notified and provided and completed training to SCG#2. Training checklist was placed on Resident #1 binder for review.</p>	05/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> SCG #2- No documented evidence that the SCG was trained to ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided.</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>To prevent similar deficiency in the future, I have added SCG training on my case manager checklist. Reminder checklist are being checked on every new caregiver on the start date.</p>	05/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1- No documented evidence of a April 2025 face-to-face contact with the expanded resident during the time of 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>Deficiency was corrected. Case manager was contacted and April 2025 report on her visit was placed on Resident #1 binder available for review.</p>	<p>05/15/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1- No documented evidence of a April 2025 face-to-face contact with the expanded resident during the time of 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>To prevent similar deficiency in the future, I have added to my Case manager monthly report checklist. Documentation of the face-to-face visit are to be checked on a monthly basis.</p>	<p>05/15/25</p>

