

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Palma Nova	CHAPTER 89
Address: 91-1276 Hoopio Street, Ewa Beach, Hawaii 96706	Inspection Date: December 17, 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. 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>§11-89-9 General staff health requirements. (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p>FINDINGS Certified Care Giver (CCG) #1—No current TB clearance available for review.</p> <p><i>Please provide copy as evidence of correction.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Caregiver #1 contacted to submit TB clearance ASAP. Which was made available Dec. 20/25 for inspection.</i></p>	<p><i>Dec 20/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-9 General staff health requirements. (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p>FINDINGS Certified Care Giver (CCG) #1—No current TB clearance available for review.</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><i>Reminded caregiver #1 of responsibility and punctuality of records for DHCA inspection. Will ask third caregiver to follow up on records at least once per week.</i></p>	<p><i>Dec 20/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><u>FINDINGS</u> Resident #1—No annual renewal of self-preservation certification by physician available for review.</p> <p><i>Please provide a copy as evidence of correction.</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><i>Order of self-preservation done by Dr. Lam. Operator will ask another caregiver to review each and every doctor's orders and do reviews and checks every week that no doctor's orders are missed. Updates records on Jan 8/26 as not earlier due to appointment date priority.</i></p>	<p><i>Jan 8/26</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Several bins of medications observed inside of TV dresser in living room, unsecured.</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><i>All topical medications were removed or secured in its every proper place in original locked cabinets unreachable by patients.</i></p>	<p style="text-align: center;"><i>18</i> <i>Dec. 16/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p>FINDINGS Resident #1—Physician order “Acetaminophen 325mg 2 tabs q 6 hours PRN.” Medication not available for resident as ordered.</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><i>Operator purchased Acetaminophen 325mg at Walmart Drugstore (OTC) and labelled it as written order of 325mg ii po q 6H PRN for Pain and Fever as per doctors orders.</i></p>	<p><i>Dec 18/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1—Medication administration record (MAR) order written as "Acetaminophen 325mg 2 tabs every 6 hours PRN for pain." However, current physician order does not include indication. MAR and physician order do not match.</p> <p><i>Please provide copy as evidence of correction.</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><i>Evidence of correction done by Dr. Lam on Jan 8/26 visit (three months follow-up) all doctor's orders will be followed properly & correctly as all staff (3rd caregiver) will help as inspect orders every week, written order in Jan 8/26 is enclosed.</i></p>	<p><i>Jan 8/26</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(1) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>Records which identify the resident's name, social security number, marital status, date of birth, sex, next of kin or guardian, and religious preference, if any. A record of the address and telephone number of the referral agency or source by which the resident was admitted, the attending physician, dentist, and other medical or social service professionals who are currently involved in providing services to the resident, as well as a record of the agency responsible for financial payment, and the medical insurance plan;</p> <p><u>FINDINGS</u> Resident #1—Resident emergency information sheet not available for review.</p> <p><i>Please provide copy as evidence of correction.</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><i>Emergency Information of Resident #1 was finished and completed. Calls made to the father - no answer. Called his sister for further info - no return call. Informed CNU 3 but also has the same problems. Emergency info is enclosed as provided to the best possible.</i></p>	<p><i>Dec 20/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> Resident #2—No evidence of annual tuberculosis (TB) clearance available for review. Last TB clearance on file was dated 10/24/25.</p> <p><i>Please provide copy as evidence of correction.</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><i>Evidence of TB correction came in Dec 30/25 secured. Copy enclosed.</i></p>	<p><i>Dec. 30/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> Resident #2—No annual renewal of diet order available for review.</p> <p><i>Please provide copy as evidence of correction.</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><i>Annual PE record was returned to Dr. Seidi's office so the order of Diet as Regular was filled in. Annual PE was done 11/29/25. Revision on File up done Dec 30/25.</i></p>	<p><i>Dec 30/25</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <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 submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u> Resident #1—No incident report for February 7, 2025 hospitalization available for review.</p> <p><i>Please provide copy of late entry report as evidence of correction.</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><i>Operator/Caregivers requested copy of Incident Report as was reported by caregivers on Feb. 7/25. to the Agency HHS. (HHS Agency has been doing incident reports from caregivers since 2015) Copy of Incident Report of Resident #1 is enclosed here by HHS.</i></p>	<p><i>Dec 20/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(1) General rules regarding records:</p> <p>All entries in the resident's records shall be written in blue or black ink, or typewritten, shall be legible, dated, and signed with full signature and title by the individual making the entry;</p> <p><u>FINDINGS</u> Silver ink observed on November 2025 fire drill documentation.</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><i>No silver ink next to any chart or documents next to act is removed and hidden away. Only black and blue pens are available in office site</i></p>	<p><i>Dec 18/25</i></p>

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Licensee's/Administrator's Signature: Marilyn A. Llanos

Print Name: MARILYN S. LLANOS

Date: Jan 14, 2026