

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: Superior Care Group L.L.C. | CHAPTER 100.1 |
| Address: 2115 Gertz Lane #A, Honolulu, Hawaii, 96819 | Inspection Date: February 24, 2026 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 |
|---|--|--|--|
| ☒ | <p>§11-100.1-15 <u>Medications.</u> (b) 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> Prescription eye drops observed in refrigerator, 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>Corrective action has been taken to address this deficiency. The prescription eye drops has been secured separately in a locked container and properly labeled before storing it back into the refrigerator.</p> | <p>02/24/26</p> <p style="text-align: right; color: cyan; font-weight: bold;">RECEIVED</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (b) 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> Prescription eye drops observed in refrigerator, unsecured.</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 ensure that this deficiency does not happen again, an acceptable written procedure has been created to separately secure, label and store prescribed medication that require storage in the refrigerator. All trained staff, including myself will follow and be compliant with this procedure.</p> | <p>02/26/26</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2—No record of annual tuberculosis clearance available for review.</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>Corrective action has been taken to address this deficiency. Resident #2 has completed an annual tuberculosis clearance, resulting in a negative outcome. The tuberculosis clearance has been documented and reported in the resident's records for review.</p> | <p>03/03/26</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2—No record of annual tuberculosis clearance available for review.</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 ensure that this deficiency does not happen again, a self-reminding note will be made for each resident's file to have a tuberculosis clearance done at the same time as their annual physical examination and evaluation. The reminder will help maintain an accurate and timely record for each resident, preventing any errors or mistakes.</p> | 03/03/26 |

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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—No documentation of observation of resident's medication response through 2025.</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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1—Level of care (LOC) assessment indicated ICF level; however, annual physical exam indicated Adult residential care home (ARCH) level. PCG confirmed resident is ICF level. Records not accurate.</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>Corrective action has been taken to address this deficiency. The annual physical exam level or care assessment has been reviewed and verified by the resident's physician. Changed the resident's level of care and correction has been recorded.</p> | <p>03/12/26</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1—Level of care (LOC) assessment indicated ICF level; however, annual physical exam indicated Adult residential care home (ARCH) level. PCG confirmed resident is ICF level. Records not accurate.</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 ensure that this deficiency does not happen again, I will verify that the report that is being completed is true and accurate. I will review the report for reassurance and address any errors that need to be corrected before the report is filed.</p> | 03/12/26 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1—Resident's record of possessions and valuables not maintained. Last update was on 05/12/2023.</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>Corrective action has been taken to address this deficiency. The resident's record of personal inventory and possessions has been updated and is now current.</p> | 03/03/26 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1—Resident's record of possessions and valuables not maintained. Last update was on 05/12/2023.</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 ensure that this deficiency does not happen again, an annual overview of each resident's current personal belongings, possessions, and inventory will be maintained, up to date and accounted for. A review of the resident's inventory can also be evaluated on a monthly basis and notated and reported for the record.</p> | <p style="text-align: center;">Completion Date</p> <p style="text-align: center;">03/03/26</p> |

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| <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> Substitute caregiver (SCG) #1 and SCG #2— No documentation was found to verify that the case manager conducted training on caring for the expanded ARCH resident.</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>Corrective action has been taken to address this deficiency. The proper documentation is now recorded and filed within the care home binder. The case manager has conducted and provided the appropriate expanded ARCH training to the secondary care givers. Completion of the training has been confirmed and verified by the case manager and primary care giver.</p> | <p>03/02/26</p> |

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| <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> Substitute caregiver (SCG) #1 and SCG #2— No documentation was found to verify that the case manager conducted training on caring for the expanded ARCH resident.</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 ensure that this deficiency does not happen again, proper documentation will be filed immediately following any type of training conducted by the case manager/primary care giver. I will ensure that the training is sufficient and completed for each staff member so that they are competent to provide services and care for expanded ARCH residents. After completion of the training, a certificate may be issued to each substitute care giver to have on file for future reference and review.</p> | 03/02/26 |

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Licensee's/Administrator's Signature: Shanelle Baxa

Print Name: Shanelle Baxa

Date: Mar 12, 2026

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