

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ilima at Leihano</b>	<b>CHAPTER 900</b>
<b>Address: 739 Leihano Street, Kapolei, Hawaii 96797</b>	<b>Inspection Date: May 12 &amp; 13, 2025 Annual</b>

**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>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><b><u>FINDINGS</u></b> Observed a strand of hair in Resident #2's food for lunch.</p>	<p style="text-align: center;">PART 1</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>The deficiency was corrected on 5/12/2025 by replacing the meal before serving to Resident #2.</p>	5/12/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><b><u>FINDINGS</u></b> Observed a strand of hair in Resident #2's food for lunch.</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>A double-check system has been put in place where the dining server prepares the takeout meal and the resident assistant, who delivers the meal, will recheck the meal presentation before delivery.</p> <p>In-service training on proper hair restraint techniques and emphasizing the importance of preventing foreign objects from mixing in the meals was held in multiple sessions the week of 5/18 - 24/2024.</p>	<p>5/24/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (a)(3) The administrator or director of the assisted living facility shall:</p> <p>Be accountable for providing training for all facility staff in provision of services and principles of assisted living.</p> <p><b><u>FINDINGS</u></b> No documented evidence that training was provided for dietary staff for the provision of three meals daily that are appropriate to residents' needs and choices.</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>We will track completion of dining related training course through Relias - Healthcare Workforce Management Solutions which will be completed on an annual basis.</p> <p>Examples of training courses include:</p> <ul style="list-style-type: none"> <li>- Enhancing the Dining Experience</li> <li>- Kisco Diets: Who Needs It, Why, and How It's Made</li> <li>- Food Safety Fundamental</li> <li>- Preventing Cross-Contamination</li> </ul>	<p>6/02/25</p>

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (a)(3) The administrator or director of the assisted living facility shall:</p> <p>Be accountable for providing training for all facility staff in provision of services and principles of assisted living.</p> <p><b><u>FINDINGS</u></b> No documented evidence that training was provided for dietary staff for the provision of three meals daily that are appropriate to residents' needs and choices.</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>Our Human Resources Generalist has assigned dining related training courses to the respective dining associates through Relias (training program). Relias will send them email reminder notices on which courses are due and the due date. The initial courses will be completed by 11/30/2025 and on an annual basis thereafter.</p>	<p>11/30/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Service plan did not include services related to the following:</p> <ul style="list-style-type: none"> <li>• aspiration precautions for a resident with a dysphagia diagnosis.</li> <li>• recreational and social activities.</li> </ul> <p><i>Submit a copy of the revised service plan with your plan of correction (POC).</i></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>For Resident #1 the Director of Nursing conducted a re-assessment of his needs related to his dysphagia diagnosis, recreational and social activity needs.</p> <p>Based on the re-assessment, the Service Plan was updated with the aspiration precautions, recreational and social activity needs and communicated to our staff, see Exhibit A Resident #1 Care plan in a separate email to DOH OHCA.</p>	<p>5/12/25</p>

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☒	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Service plan did not include services related to the following:</p> <ul style="list-style-type: none"> <li>• aspiration precautions for a resident with a dysphagia diagnosis.</li> <li>• recreational and social activities.</li> </ul>	<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>In the future the Registered Nurse who receives the physician's orders will enter the orders into the Service Plan. As a double-check, changes to the Service Plan are flagged, electronically, on our EMR system which requires the Director of Nursing to review/approve the change before the final update to the Service Plan.</p> <p>The Director of Nursing or Registered Nurse will conduct a quarterly review of all residents' Service Plans to ensure it accurately reflects the physician orders.</p>	<p style="text-align: center;">5/12/25</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence that a Consultant Dietitian was utilized to provide health monitoring/nutritional assessment for resident with dysphagia on special diet (pureed texture, thickened liquids) and feeding assistance.</p>	<p style="text-align: center;">PART 1</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>On 6/02/2025 our Director of Nursing and Registered Dietitian has an in-person consultation on Resident #1's dysphagia condition and the needed special diet and feeding assistance.</p>	6/02/25

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Progress notes documented by Resident Assistant (RA) dated 5/8/25, 5/6/25, and 5/3/25 indicated application of cream to bed sore or sore in butt but the task is beyond the scope of the RA.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>The Director of Nursing has advised the Registered Nurses and Resident Assistants that only Registered Nurses may apply cream to a bed sore or sore. This was communicated to the staff in a written group text to all Registered Nurses and Resident Assistants on 05/14/2025 and during an in-person meeting on 05/20/2025.</p>	<p>5/20/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b> Controlled medications (narcotics) log in the memory care unit shows incomplete signatures required by two staff members on multiple occasions. Staff acknowledged the end-of-shift count and signatures of both the outgoing and oncoming staff (Med Tech or licensed nurse) are required.</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>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b> Controlled medications (narcotics) log in the memory care unit shows incomplete signatures required by two staff members on multiple occasions. Staff acknowledged the end-of-shift count and signatures of both the outgoing and oncoming staff (Med Tech or licensed nurse) are required.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>The Director of Nursing met with the Medication Technicians reminding them that two (2) signatures are required on the narcotics log for every shift. The Memory Care Manager, new position since March 2025, has been advised to ensure that two (2) signatures per shift have been completed in the narcotics log.</p> <p>We will provide in-service training to our Registered Nurses and Medication Technicians on proper documentation of the controlled substances (narcotics). The Memory Care Manager will conduct a weekly audit of the narcotics log.</p>	5/12/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents able to handle their own medication regimen may keep prescription medications in their unit:</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Unable to manage and handle own medication regimen, and prescription medications were stored in the unit.</p>	<p style="text-align: center;">PART 1</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>All medications have been removed from the apartment and the family, who had been administering the medication, have consented for us to administer the medications. The Service Plan has been updated to reflect the medications have been changed from self-administered to staff administered.</p>	5/19/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents able to handle their own medication regimen may keep prescription medications in their unit;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Unable to manage and handle own medication regimen, and prescription medications were stored in the unit.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b>FUTURE PLAN</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>The Director of Nursing will insist that medications be staff administered versus self-administered, by resident or responsible person, if she feels the resident cannot manage or handle their own medication regimen.</p> <p>If the resident's responsible person insists on self-administering the resident's medication, a Managed Risk Agreement will be made for their acknowledgement.</p>	<p>5/19/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(iv) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>If more than one resident resides in the unit, an assessment shall be made of each person's ability to safely have medications in the unit. If safety is a factor, the medication shall be kept in a locked container in the unit;</p> <p><b><u>FINDINGS</u></b>  Resident #2 shares a unit with another resident who has Alzheimer's dementia and is pleasantly confused, and medications are not kept in a locked container in the unit.</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>Resident #2 shares the apartment with his spouse who has Alzheimer's dementia.</p> <p>For Resident #2's spouse, all medications have been removed from the apartment and the family, who had been administering the medication, have consented for us to administer the medications. The Service Plan has been updated to reflect the medications have been changed from self-administered to staff administered. There is a locked cabinet (magnetic childproof lock) in the kitchen.</p>	<p>5/27/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(iv) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>If more than one resident resides in the unit, an assessment shall be made of each person's ability to safely have medications in the unit. If safety is a factor, the medication shall be kept in a locked container in the unit:</p> <p><b><u>FINDINGS</u></b>  Resident #2 shares a unit with another resident who has Alzheimer's dementia and is pleasantly confused, and medications are not kept in a locked container in the unit.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>The Director of Nursing will insist that medications be staff administered versus self-administered, by resident or responsible person, if she feels the resident cannot manage or handle their own medication regimen. If the resident's responsible person is insistent on self-administering the resistant's medication, a Managed Risk Agreement will be made for their acknowledgement.</p> <p>We will provide in-service training to our Registered Nurses and Medication Technicians on the importance of proper storage and securing medications. RNs will conduct a quarterly audit to ensure medications are properly stored and secured.</p>	5/27/25

Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: 11/06/2025

Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: 06/02/2025