

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina 'Ole Estate Ekolu, LLC	CHAPTER 100.1
Address: 45-219 William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: September 5, 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).

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SEP 22 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 No documented evidence that two different diet textures (regular texture; chopped texture) ordered on 8/11/25 was clarified with the physician</p> <p>Submit a copy of updated diet order with 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>Yes, PCG got a clarification of residents diet order.</p>	09/14/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 No documented evidence that two different diet textures (regular texture; chopped texture) ordered on 8/11/25 was clarified with the physician</p> <p>Submit a copy of updated diet order with 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>The cited deficiency came from the lack of reviewing and clarifying by PCG. The conflicting diet orders was reviewed by PCP. Correction's was made by PCP. To prevent this from happening again PCG will do weekly audits in residents MAR and/or any orders that I receive. If two or more conflicting diet orders are found PCG must clarify with PCP before inputting to QuickMAR.</p> <p>Reminder tool near fax machine will include:</p> <ol style="list-style-type: none"> 1. Call PCP 2. Go over diet orders and Clarify 3. Obtained a signed diet order by PCP regarding new diet orders or continue diet orders. 3. Update QuickMar <p>PCG will have residents diet list on refrigerator and will updated weekly or as needed when diet orders are changed.</p>	09/18/25

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	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 – The following physician’s orders dated 12/21/24 and 5/29/25 were prescribed; however, no documented evidence medication is being administered:</p> <ul style="list-style-type: none"> • “Lovastatin Tab 40mg sig: TAKE 1 TAB BY MOUTH EVERY MORNING (DX. HYPERLIPIDEMIA) • “Tylenol Extra Strength Tab 500 mg sig: take 1 TABLET QHS” <p>Submit a copy of discontinuation order or revised MAR with 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>PCG got a signed order of discontinuation for medication.</p>	09/14/25

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SEP 14 2025

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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 – The following physician’s orders dated 12/21/24 and 5/29/25 were prescribed; however, no documented evidence medication is being administered:</p> <ul style="list-style-type: none"> • “Lovastatin Tab 40mg sig: TAKE 1 TAB BY MOUTH EVERY MORNING (DX. HYPERLIPIDEMIA) • “Tylenol Extra Strength Tab 500 mg sig: take 1 TABLET QHS” <p>Submit a copy of discontinuation order or revised MAR with 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>Upon admission PCG will work closely with PCP via phone to clarify all orders continuing orders, PCG will also clarify any discontinuing orders with PCP and have him sign & date. To prevent this from happening again PCG will have a reminder "post it" near computer to check the following: Medication, and/or if any medication needs to be discontinued.</p>	<p>09/18/25</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’s order dated 9/2/25 states, “ALPRAZolam 0.5mg Tab 1 tablet orally daily at bedtime as needed at bedtime”; however, PRN indication unavailable</p> <p>Submit a copy of updated order with 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>Yes, PCG got a signed order with PRN indication.</p>	09/14/25

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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’s order dated 9/2/25 states, “ALPRAZolam 0.5mg Tab 1 tablet orally daily at bedtime as needed at bedtime”; however, PRN indication unavailable</p> <p>Submit a copy of updated order with 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>I acknowledge that the PRN order for Alprazolam 0.5 mg dated on 09/2/25 was entered without documented reason for administration. Moving forward as of 09/18 I will make a "PRN quick check" label near the PRN cabinet. This will serve as a visual prompt for myself and staff to confirm every PRN order is complete.</p> <p>PRN Quick-Check will include Is medication listed correctly? Is it clearly marked PRN? Is there a specific indication to why this medication is being taken? ex. anxiety, insomnia, itching</p>	09/18/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Financial statement unavailable for admission on 1/2/25</p> <p>Submit a copy with 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>Yes, PCG received a completed Financial Statement form for family. PCG sent a Financial statement form to family to sign and date.</p>	<p>09/16/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Financial statement unavailable for admission on 1/2/25</p> <p>Submit a copy with 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>PCG, made a checklist guide for New Patient paperwork and will check off all completed forms. PCG will also scan into computer all documents in a folder to insure any paperwork don't get lost.</p>	09/14/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence any monthly fire drills were performed during hours of darkness</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>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence any monthly fire drills were performed during hours of darkness</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>PCG will add to manager checklist to conduct (1) fire drill during the hours of darkness. Manager checklist has been printed and posted near PCG computer to remind her to check this monthly.</p> <p>Checklist for Fire drill will include:</p> <ul style="list-style-type: none"> - At least (1) fire drill is to be done in the fiscal year during the hours of darkness Example: After 7:00pm or before 4:00am - Fire alarm system tested and functioning - Residents accounted for during drill - Evacuation routes checked and clear - Staff response time recorder 	<p style="text-align: center;">09/18/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> SCG #1-7 – No documented evidence the case manager provided training on personal and specialized training to caregivers</p> <p>Submit evidence of completed training with 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>Yes, a training done with staff and CM on 09/10. Staff signed training paper.</p>	09/14/25

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☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> SCG #1-7 – No documented evidence the case manager provided training on personal and specialized training to caregivers</p> <p>Submit evidence of completed training with 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 this from happening again, before Case Manager comes to facility to do monthly check in with resident. PCG will go over any/all personal/specialized training with CM. If one is needed for a resident, PCG will hold a staff meeting where all staff can sit in and get their training done. Example: Eye drops, nose spray, special diet (puree). After the education training all staff will sign and date their name. A reminder note will be posted near PCG's computer of the following:</p> <ol style="list-style-type: none"> 1. Schedule a day to meet with Case Manager 2. Go over any training that needs to be done 3. Schedule a house meeting for Case manager to come and do daily personal, and specialized training/continuing education to all staff. 4. Have all staff sign and date before they leave. 5. If any new hires PCG will update Case Manager 6. When they're changes to a residents care plan <p>Immediate action was taken as of 09/10 Case Manager came to do educational training to new staff on board.</p>	<p style="text-align: center;">09/18/25</p>

Licensee's/Administrator's Signature: Nadine Nakahara

Print Name: Nadine Nakahara

Date: 09/14/25

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SEP 14 2025

Licensee's/Administrator's Signature: Nadine Nakahara

Print Name: Nadine Nakahara

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