

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kuakini Home	CHAPTER 100.1
Address: 347 North Kuakini Street, Honolulu, Hawaii 96817	Inspection Date: November 19, 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>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Diet menu not posted in dining area</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>The weekly diet menu was faxed and received from the kitchen and posted on the Kuakini Home bulletin board for residents to view on 11/19/2025.</p> <p>Completion Date: 11/19/2025</p>	11/19/25

RECEIVED

DEC 01 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Diet menu not posted in dining area</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>1.The weekly diet menu will be retrieved from the kitchen and posted prior to the start of the month on the Kuakini Home bulletin board for all residents to view for the entire month.</p> <p>Completion Date: 11/20/2025</p> <p>2.All Kuakini Home staff will be reeducated by the Nursing Home Administrator or designee on posting the diet menu.</p> <p>Completion Date: 11/28/2025</p> <p>3.The Nursing Home Administrator or designee will complete a monthly audit of diet menu postings and report the findings to the Vice President of Nursing Services to ensure compliance.</p> <p>Completion Date: 11/28/2025</p>	<p>11/28/25</p>

RECEIVED

DEC 01 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Unlabeled medications (e.g., Neosporin ointment, Benadryl ointment, and Tylenol) stored unsecured in first-aid kit</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>The Kuakini Home nurse removed the Neosporin, Tylenol, and Benadryl and placed it in the locked medication room for safekeeping.</p> <p>Completion Date: 11/19/2025</p>	<p style="text-align: center;">11/19/25</p>

RECEIVED

DEC 01 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Unlabeled medications (e.g., Neosporin ointment, Benadryl ointment, and Tylenol) stored unsecured in first-aid kit</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>1.The Kuakini Home's First Aid Kit will not have any medications. The Kuakini Home nurse or designee will conduct quarterly checks of the First aid kit to ensure the integrity of the kit is maintained.</p> <p>Completion Date: 11/20/2025</p> <p>2.All Kuakini Home staff will be reeducated by the Nursing Home Administrator or designee on securing medications in a locked cart or room.</p> <p>Completion Date: 11/28/2025</p> <p>3.The Nursing Home Administrator or designee will ensure that an audit of the First Aid Kit is completed quarterly.</p> <p>Completion Date: 11/28/2025</p>	<p>11/28/25</p>

RECEIVED

DEC 01 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1,2 – Current pneumococcal vaccination unavailable</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>The Kuakini Home staff nurse received orders for Resident #1 and #2 through their respective PCP offices to receive the pneumococcal vaccines at the Plaza Pharmacy, inside of the Kuakini Health System campus, on 11/21/2025 and 11/24/2025.</p> <p>Completion Date: 11/28/2025</p>	11/28/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1,2 – Current pneumococcal vaccination unavailable</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>1.The Kuakini Home nurse will obtain pneumococcal vaccination records on every admission and check all resident charts for current pneumococcal vaccinations for all residents monthly. If needed, the Kuakini Home nurse will obtain an order from the resident's PCP for the vaccination at the Plaza Pharmacy.</p> <p>Completion Date: 11/20/2025</p> <p>2.All Kuakini Home staff will be reeducated by the Nursing Home Administrator or designee on the importance of pneumococcal vaccinations.</p> <p>Completion Date: 11/28/2025</p> <p>3.The Nursing Home Administrator or designee will complete a quarterly audit of the pneumococcal vaccine completion and report the findings to the Vice President of Nursing Services and Quality Assurance and Performance Improvement Committee (QAPI) to ensure compliance.</p> <p>Completion Date: 11/28/2025</p>	11/28/25

Licensee's/Administrator's Signature: David Abe

Print Name: David Abe

Date: 12/01/25