

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Lunalilo Home | CHAPTER 100.1 |
| Address: 501 Kekauloahi Street, Honolulu, Hawaii 96825 | Inspection Date: February 6, 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).

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Temperature of nutrition fridge in the dining area measured at 52°F, above maximum safe temperature of 45°F</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Temperature of nutrition fridge in the dining area measured at 52°F, above maximum safe temperature of 45°F</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> | |

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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 – Physician’s order dated 10/27/25 states, “Prevedent Cre 5000 Pls use to brush twice daily”; however, cream only used once on the following dates per MAR: 10/2/25, 10/12/25, 11/11/25, 11/12/25, 11/19/25, 11/20/25, 12/7/25, 12/29/25, 1/25/26, 2/2/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Suprapubic catheter care: one time a day clean site daily & PRN if soiled with normal saline, pat dry, cover with split gauze, and tape it in place”; however, treatment not provided on the following dates per MAR: 11/11/25, 11/19/25</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Suprapubic catheter daily flush; flus catheter with irrigation tray/60mL syringe and normal saline..”; however, treatment not provided on the following dates per MAR: 12/23/25, 1/2/26, 1/6/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Gentamicin 40mg/mL Inj use 12mL to mix in 1000mL of normal saily once daily as directed and let dwell in bladder for 4 hours”; however, medication not administered per MAR on the following dates: 12/31/25, 1/2/26, 1/6/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Sodium Chloride irrigation Solution 0.9% use 30mL via rirgation one time a day...use with gentamicin solution”; however, medication not administered per MAR on the following dates: 12/31/25, 1/2/26, 1/6/26</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> (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 – Monthly progress note for 12/2025 unavailable</p> <p>Resident #2 – Monthly progress note for 11/2025 unavailable</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>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that facility utilized the consultant registered dietitian to provide nutritional assessment for resident with stage 2 pressure ulcer and underweight status.</p> <p>Submit a copy of nutritional assessment with plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> | |

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| <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> Resident #1, SCG #1-13 – No documented evidence the caregivers were trained by resident’s case manager on personal and specialized care</p> <p>Submit a copy of completed training with plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan (1/22/26) includes the following orders, “12/8/23 Psyllium fiber oral capsule (psyllium) Give 2 gram” and “PRN Hydroc/APAP 5/325mg tab (hydrocodone-acetaminophen) more take 1 -2 tabs by mouth every 6 hours as needed for pain”; however, physician's orders unavailable for stated medications</p> <p>Submit a copy of revised care plan with plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> | |

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____