

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Serenity Care Home Hawaii Kai</b>	<b>CHAPTER 100.1</b>
<b>Address: 1072 Kalapaki Street, Honolulu, Hawaii 96825</b>	<b>Inspection Date: March 2, 2026 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 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).**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b></p> <p>Resident #1 – Physician medication order dated 12/16/25 states, “Metoprolol Succinate Extended Release 50mg/24 hr Tab-Take one tab daily by mouth. Hold if SBP &lt;100 or apical HR&lt;50.” On January 5, 2026, the caregiver had signed off on the Medication Administration Record (MAR) that he/she had given the medication to the resident with the documented resident’s HR of 44.</p> <p>Resident #1 – Physician medication order dated 12/16/25 states, “Mirax Powder-Take 17 gm powder dissolved in 8oz liquid daily by mouth.” But on the resident’s MAR it states, “Mirax Powder Take 17 gm powder dissolved in 8 oz liquid daily as needed by mouth.”</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_