

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Ivy at Hawaii Kai	CHAPTER 90
Address: 428 & 446 Kawaihae Street, Honolulu, Hawaii 96825	Inspection Date: August 20 & 21, 2025 Initial

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>§11-90-6 <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><u>FINDINGS</u> No documented evidence that the facility utilized the Consultant Dietitian to provide staff training on the menus (modified diets) and/or residents' dietary needs and choices.</p> <p><i>Submit documentation with your plan of correction (POC)</i></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>At the time of the audit, documentation was not readily available due to staff turnover. However, since then, we have obtained the necessary documentation from the year our staff received training from the CRF dietitian. Attached you will find the updated documents, and this will help us re-establish proper record-keeping practices.</p>	9.11.2025

	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><u>FINDINGS</u> No documented evidence that the facility utilized the Consultant Dietitian to provide staff training on the menus (modified diets) and/or residents' dietary needs and choices.</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>We have reached out to our dietician and updated our contact information with both in house and home office staff to ensure that follow up documentation is sent promptly. Going forward we will ensure that all records are readily available for review by keeping binders located in the culinary office to which the Executive Chef will be responsible for this and checked by the AED, Administrator for the menus and dietician.</p>	<p>11.18.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u> Employee #2 –Hired 6/26/25. Immunization record on file but no TB clearance signed by a practitioner (MD/APRN).</p> <p>Employee #3 – Hired 10/17/24. No initial TB screening (2-step); no TB clearance signed by a practitioner (MD/APRN).</p> <p><i>Submit documentation with your POC.</i></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>Employee 2 requested TB documents and test results, are attached below. Employee 3 is no longer employed as of the date of the request. The relevant documentation has now been added to the files.</p>	9.11.2025

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	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><u>FINDINGS</u> No documented evidence that the menus were evaluated and approved by the Consultant Dietitian on a semi-annual basis.</p> <p><i>Submit documentation with your POC.</i></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>We reached out to our dietitian, who had maintained the necessary records, and they were able to provide the required documentation which is attached below. Additionally, we already conduct quarterly audits to ensure ongoing compliance.</p>	<p>9.11.25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(B) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices;</p> <p><u>FINDINGS</u> No documented evidence that the menus were evaluated and approved by the Consultant Dietitian on a semi-annual basis.</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>We reached out to our dietician who had maintained the necessary records and they were able to provide the required documentation which is attached below. Additionally, we already conduct quarterly audits to ensure ongoing compliance. Our Executive Chef will be responsible for this and checked by the AED and Administrator.</p>	11.18.2025

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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><u>FINDINGS</u> Resident #1 – Progress notes entered by unlicensed assistive personnel indicate the resident was feeling unwell on 10/25/25, but no documentation that licensed staff was notified for further assessment and evaluation.</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>§11-90-8 <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><u>FINDINGS</u> Resident #1 – Progress notes entered by unlicensed assistive personnel indicate the resident was feeling unwell on 10/25/25, but no documentation that licensed staff was notified for further assessment and evaluation.</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>Staff will be in-serviced on this specific deficiency to ensure understanding of why it was identified. The goal is to educate staff on the importance of follow-up and follow-up notes for these types of incidents. Moving forward, the nurse will conduct audits to ensure that these steps are properly documented and completed.</p>	<p>9.11.2025</p>

Licensee's/Administrator's Signature: lejandra Sabdul

Print Name: lejandra Sabdul

Date: 09/11/2025

Licensee's/Administrator's Signature: Lejandra Sabdul

Print Name: Lejandra Sabdul

Date: 11/18/2025