

Office of Health Care Assurance

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name:</b> Huapala Senior Care D, LLC	<b>Chapter:</b> 100.1
<b>Address:</b> 2649 D Huapala Street, Honolulu, Hawaii 96822	<b>Inspection Date:</b> May 13, 2026 Relicensing Inspection

**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.**

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-14 Food sanitation. (c)</p> <p>Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS:</u></b></p> <p>Kitchen refrigerator thermometer was not working, temperature unreadable</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (e)</p> <p>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’s order dated 5/13/25-8/25/25 stated, “Melatonin 3mg tabs – Take one tab by mouth in the evening”; however, per medication administration record (MAR), between 6/1/25-8/25/25 medication was administered as “Melatonin 3mg Tabs Take 1 tab by mouth at bedtime”</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-86 Fire safety. (a)(3)</p> <p>A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS:</u></b></p> <p>No documented evidence monthly fire drill was conducted in 4/2026</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<p>§11-100.1-86 Fire safety. (a)(4)</p> <p>A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><b><u>FINDINGS:</u></b></p> <p>No documented evidence monthly smoke detector testing was conducted in 4/2026</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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Licensee's/Administrator's Signature:

Print Name:

Date: