Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Imiloa Care Home LLC	**CHAPTER 100.1**
Address: **94-860 Lumiiki Street, Waipahu, Hawaii 96797**	**Inspection Date: March 26, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3)The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute Care Giver – No current first aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Substitute caregiver completed a First Aid training class on March 31, 2026. Documentation of the completed training has been obtained and is kept on file.	**4/3/2026**

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☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3)The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute Care Giver – No current first aid certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent from happening again, Ongoing monitoring will be conducted to ensure certifications remain up to date, and reminders will be issued in advance of expiration dates to maintain compliance at all times, I also made a log for Staffing Requirements.	**4/3/2026**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – Medication were not being reviewed and signed by a physician or APRN every 4 months.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The medication list was faxed to the physician/APRN for review and signature on April 2, 2026, to ensure current compliance. Resident will have house call visits as well on April 14, 2026.	**4/2/2026**

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☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 – Medication were not being reviewed and signed by a physician or APRN every 4 months.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure ongoing compliance with the requirement for Physician/APRN medication review every 4 months. I implement the following measures: - Scheduled Review Process: Medication reviews will be scheduled at the time of admission and tracked on a recurring four-month Cyle to ensure no reviews are missed. I will be using my phone to set calendar reminder at least 30 days prior to the due date to allow sufficient time for physician/APRN review and signature.	**4/2/2026**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 - Physician order dated 08/29/25 states, "Sennosides/docusate sodium 8.6/50mg tablet. Take 1 tablet by mouth daily. Hold for loose stools." However, the medication administration record states, "Sennosides/docusate sodium 8.6-5mg. Take 1 tab by mouth daily. Hold for loose stools." Corrected during the inspection.	**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 - Physician order dated 08/29/25 states, "Sennosides/docusate sodium 8.6/50mg tablet. Take 1 tablet by mouth daily. Hold for loose stools." However, the medication administration record states, "Sennosides/docusate sodium 8.6-5mg. Take 1 tab by mouth daily. Hold for loose stools." Corrected during the inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this type of medication transcription error from happening again, PCG will conduct routine audits Monthly and will use cellphone calendar for reminder. PCG will perform a line-by-line comparison of physician orders and the MAR during admission, readmission, and after any new order is written.	**3/26/26**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: 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; **FINDINGS** Substitute Care Giver – No documentation of training from Registered Nurse in implementing the care plan for an expanded level of care resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** **Substitute Care Giver successfully completed one-on-one training on 3/27/26.**	**3/27/26**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100 1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: 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; **FINDINGS** Substitute Care Giver – No documentation of training from Registered Nurse in implementing the care plan for an expanded level of care resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Monthly audits of expanded residents care plan to ensure all Care Giver has been trained to ensure all documentation is complete, current, and complaint. Added a row for Expanded Resident Admission/RE-Admission Check List. See attached.	**3/27/26**

Licensee's/Administrator's Signature: 

Print Name: MYLENE ULEP

Date: 04/03/2026