

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Khrist Emmanuel Care Home, LLC	CHAPTER 100.1
Address: 94-1178 Hina Street, Waipahu, Hawaii 96797	Inspection Date: March 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
<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><u>FINDINGS</u> Resident #1 – Medication order for Ciclopirox 0.77% cream 1 application topically 2 times a day to <u>affected toenails</u>, but the medication label instructions state, “affected area.” Label and order do not match. <i>The order has been clarified – correct instruction to appear on the new medication refill.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">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>§11-100.1-15 <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 – Medication order for Ciclopirox 0.77% cream 1 application topically 2 times a day to <u>affected toenails</u>, but the medication label instructions state, “affected area.” Label and order do not match. <i>The order has been clarified – correct instruction to appear on the new medication refill.</i></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>In the future, I will make sure that when picking up medication I will double check the label and put a reminder or sticker note with the change of medication that matches the Doctor's order or current order.</p> <p>I will make sure to also inform the pharmacy to make the necessary changes on the label to match the Doctor's order or current order.</p>	<p>3/20/26</p>

Licensee's/Administrator's Signature: Anita C. Peralta

Print Name: Anita C. Peralta

Date: 03/20/2026