

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Kuulei Hale | CHAPTER 100.1 |
| Address: 984 Ala Lehua Street, Honolulu, Hawaii 96818 | Inspection Date: January 30, 2026 (2nd 6-month) |

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 |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No documented evidence of a current First Aid certification on file for department review.</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>SCG #1 was promptly scheduled for an approved First Aid certification course. The certification will be completed on Feb 12, 2026, and a valid, current First Aid certificate will be obtained and placed in the employee's personnel file. A copy will be available for Department review.</p> <p>The administrator conducted a full audit of all staff files to ensure that all required certifications (First Aid and CPR) are current and properly documented. Any staff found nearing expiration were scheduled for renewal prior to expiration.</p> | <p>02/12/2026</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – No documented evidence of a current First Aid certification on file for department review.</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>To ensure ongoing compliance with HAR §11-100.1-9(e)(3), Ku'uleia Hale has implemented the following measures:</p> <ol style="list-style-type: none"> 1. Certification Tracking Log: A centralized certification tracking system has been established, documenting expiration dates for First Aid and CPR certifications for all caregivers. 2. Advance Renewal Monitoring: The administrator will review the tracking log monthly. Staff will be notified at least 60 days prior to certification expiration to allow sufficient time for renewal. 3. Personnel File Audit Policy: Quarterly audits of all personnel files will be conducted to verify that required certifications are current and properly filed. 4. Hiring Policy Update: Effective immediately, no staff member will begin independent caregiving duties without documented proof of current First Aid and CPR certification on file. | <p>Feb 2, 2026</p> |

5. Administrative Oversight:
The administrator is responsible for ongoing compliance monitoring and ensuring documentation is readily available for Department inspection.

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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 – Physician ordered “Cyanocobalamin 500mcg tablet, take 1 tablet by mouth every day.” Facility made medication label on the medication bottle reads “Vitamin B-12 500mcg, 1 tab PO every day.” Medication bottle label reads “Cyanocobalamin 1000mcg tablet.”</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>Immediate Corrective Action Taken: Upon discovery of the discrepancy, the administrator immediately reviewed Resident #1's physician order, medication administration record (MAR), and medication bottle. The medication was held temporarily pending clarification. The prescribing physician/pharmacy was contacted immediately to verify the correct dosage. It was confirmed that the correct physician order is Cyanocobalamin 500 mcg daily. The incorrect 1000 mcg medication bottle was removed from use. The pharmacy was notified, and the correct 500 mcg medication was obtained. The MAR and medication label were reviewed and reconciled to match the verified physician order. A medication error report was completed, and monitoring of Resident #1 was conducted to ensure no adverse effects occurred.</p> | <p style="text-align: center;">Feb 3, 2026</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>FINDINGS Resident #1 – Physician ordered “Cyanocobalamin 500mcg tablet, take 1 tablet by mouth every day.” Facility made medication label on the medication bottle reads “Vitamin B-12 500mcg, 1 tab PO every day.” Medication bottle label reads “Cyanocobalamin 1000mcg tablet.”</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent future medication discrepancies, Ku'uleia Hale has implemented the following measures:</p> <ol style="list-style-type: none"> 1. Medication Reconciliation Policy Reinforcement <ul style="list-style-type: none"> • All medications received from the pharmacy will be immediately compared against: <ul style="list-style-type: none"> o Physician order o Pharmacy label o MAR • Any discrepancy will be clarified before administration. 2. Double-Check System <ul style="list-style-type: none"> • A two-step verification process will be implemented for all new or refilled medications: <ul style="list-style-type: none"> o Primary caregiver verifies medication against physician order. o Administrator or delegated nurse performs secondary verification. 3. Quarterly Medication Audits <ul style="list-style-type: none"> • The administrator and/or RN will conduct quarterly medication audits. 4. Staff Re-Training <ul style="list-style-type: none"> • All caregivers received re-education on: <ul style="list-style-type: none"> o The “Five Rights” of medication administration. o Proper transcription of physician orders. o Immediate reporting of discrepancies. 5. Standardized Medication Labeling Procedure <ul style="list-style-type: none"> • Facility-generated labels will only be created after verifying the pharmacy label matches the physician order. • No medication will be administered if dosage strength differs from the physician’s written order without documented clarification. | |

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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>FINDINGS Resident #1 – Physician ordered “Prednisone 20mg tablet, 1-2 tabs twice a day as needed for pain or swelling” and “Nitroglycerin 0.4mg sublingual tablet, give 1 tablet daily as needed for chest pain.” Aforementioned medications not available in facility for resident use.</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>Upon identification of the deficiency, the administrator immediately reviewed the resident’s physician orders and medication inventory.</p> <ol style="list-style-type: none"> 1. The prescribing physician and pharmacy were contacted immediately to confirm the active orders. 2. The medications (Prednisone 20 mg and Nitroglycerin 0.4 mg SL) were ordered from the pharmacy on Feb 1, 2026. 3. The medications were received on Feb 3, 2026 and verified against the physician’s orders. 4. The MAR was reviewed and updated to ensure accuracy. 5. The resident was assessed for any unmet symptoms (pain, swelling, chest pain) during the time the medications were unavailable. No adverse outcome was noted / or appropriate intervention was documented. 6. Documentation of corrective action was completed and placed in the resident’s record. Compliance was achieved once the medications were obtained, verified, and made available for administration. | <p style="text-align: center;">2/03/2026</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 – Physician ordered “Prednisone 20mg tablet, 1-2 tabs twice a day as needed for pain or swelling” and “Nitroglycerin 0.4mg sublingual tablet, give 1 tablet daily as needed for chest pain.” Aforementioned medications not available in facility for resident use.</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>To prevent recurrence, Ku'uleia Hale has implemented the following system improvements:</p> <ol style="list-style-type: none"> 1. Medication Availability Verification Process <ul style="list-style-type: none"> • Upon receipt of any new physician order (including PRN medications), the administrator or delegated staff will verify within 24 hours that the medication is physically present in the home. • A Medication Order Verification Checklist will be completed and signed. 2. PRN Medication Monitoring Log <ul style="list-style-type: none"> • A PRN medication tracking log will be maintained to ensure: <ul style="list-style-type: none"> o All ordered PRN medications are in stock. o Expiration dates are monitored. o Refills are requested at least 7 days before depletion. 3. Weekly Medication Inventory Audit <ul style="list-style-type: none"> • The administrator or RN will conduct weekly medication inventory checks to confirm: <ul style="list-style-type: none"> o All ordered medications are available. o No discrepancies exist between physician orders, MAR, and medication supply. 4. Policy Reinforcement and Staff Re-Training <ul style="list-style-type: none"> • Caregivers were re-educated on: <ul style="list-style-type: none"> o Immediate reporting of missing medications. o Reviewing physician orders upon receipt. o Ensuring PRN medications are available at all times. • Training documentation has been placed in personnel files. | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Levothyroxine 50mcg tablet, 1 tablet by mouth every morning. 1 tablet Monday-Saturday. ½ tablet on Sundays.” Medication Administration Record (MAR) entries from September 2025 to January 2026 read “Levothyroxine 50mcg tablet, 1 tablet by mouth daily.”</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> (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.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders not evaluated at least every four (4) months. Last medication order by a physician or advanced practice registered nurse (APRN) was dated 8/27/2025.</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>Upon identification of the deficiency, the administrator immediately reviewed the resident's medical record and confirmed that the required four-month medication review had not been completed within the required timeframe. The resident's current medication list was immediately forwarded to the attending physician/APRN for review and evaluation. A comprehensive medication review was completed by the physician/APRN on Feb 11, 2026. Updated signed physician/APRN orders were obtained and placed in the resident's chart. The MAR was reconciled to ensure consistency with the updated physician/APRN orders. Documentation of corrective action was completed. Compliance was achieved on Feb 11, 2026.</p> | 2/11/2026 |

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been reviewed and reinforced to clearly state that medication orders must be evaluated and signed by a physician/APRN at least every four (4) months.


- Staff have been re-educated on compliance requirements.

5. Quality Assurance Monitoring.

Licensee's/Administrator's Signature: 

Print Name: Lea Cristobal Agpaoa RN

Date: Feb 13, 2026

Licensee's/Administrator's Signature: 

Print Name: Lea Cristobal Agpaoa RN

Date: Feb 13, 2026