

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lunalilo Home	CHAPTER 100.1
Address: 501 Kekauloahi Street, Honolulu, Hawaii 96825	Inspection Date: February 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).

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Temperature of nutrition fridge in the dining area measured at 52°F, above maximum safe temperature of 45°F</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 notification of this finding, the refrigerator temperature control dial was adjusted to lower the internal temperature and an additional internal thermometer was placed to verify accuracy. Temperatures were rechecked the same day at 13:17 and 18:03, with readings ranging from 34 degrees F to 42 F, confirming the refrigerator was restored to compliant operating temperature.</p>	02/06/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Temperature of nutrition fridge in the dining area measured at 52°F, above maximum safe temperature of 45°F</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 re-educated by 2/27/2026 on maintaining refrigerator temperature control during stocking, cleaning and access activities to prevent spoilage and food-borne illness and ensure temperature remains within compliance.</p>	02/27/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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’s order dated 10/27/25 states, “Prevedent Cre 5000 Pls use to brush twice daily”; however, cream only used once on the following dates per MAR: 10/2/25, 10/12/25, 11/11/25, 11/12/25, 11/19/25, 11/20/25, 12/7/25, 12/29/25, 1/25/26, 2/2/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Suprapubic catheter care: one time a day clean site daily & PRN if soiled with normal saline, pat dry, cover with split gauze, and tape it in place”; however, treatment not provided on the following dates per MAR: 11/11/25, 11/19/25</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Suprapubic catheter daily flush; flus catheter with irrigation tray/60mL syringe and normal saline..”; however, treatment not provided on the following dates per MAR: 12/23/25, 1/2/26, 1/6/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Gentamicin 40mg/mL Inj use 12mL to mix in 1000mL of normal saily once daily as directed and let dwell in bladder for 4 hours”; however, medication not administered per MAR on the following dates: 12/31/25, 1/2/26, 1/6/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Sodium Chloride irrigation Solution 0.9% use 30mL via rirgation one time a day...use with gentamicin solution”; however, medication not administered per MAR on the following dates: 12/31/25, 1/2/26, 1/6/26</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 – Physician’s order dated 10/27/25 states, “Prevedent Cre 5000 Pls use to brush twice daily”; however, cream only used once on the following dates per MAR: 10/2/25, 10/12/25, 11/11/25, 11/12/25, 11/19/25, 11/20/25, 12/7/25, 12/29/25, 1/25/26, 2/2/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Suprapubic catheter care: one time a day clean site daily & PRN if soiled with normal saline, pat dry, cover with split gauze, and tape it in place”; however, treatment not provided on the following dates per MAR: 11/11/25, 11/19/25</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Suprapubic catheter daily flush; flus catheter with irrigation tray/60mL syringe and normal saline..”; however, treatment not provided on the following dates per MAR: 12/23/25, 1/2/26, 1/6/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Gentamicin 40mg/mL Inj use 12mL to mix in 1000mL of normal saily once daily as directed and let dwell in bladder for 4 hours”; however, medication not administered per MAR on the following dates: 12/31/25, 1/2/26, 1/6/26</p> <p>Resident #1 – Physician’s order dated 10/27/25 states, “Sodium Chloride irrigation Solution 0.9% use 30mL via rirgation one time a day ...use with gentamicin solution”; however, medication not administered per MAR on the following dates: 12/31/25, 1/2/26, 1/6/26</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>Regularly scheduled nurses were trained on 2/25/2026 and 2/26/2026 and all nurses will be trained by 3/6/2026 on their responsibilities as nurses-on-duty as follows: (1) ensure all medications and supplements ordered by a physician or APRN are available and administered as prescribed, including topical medications and catheter-related treatments; (2) ensure all medication and treatment administrations, whether performed by Lunalilo staff or an outside agency nurse, are documented in the eMAR/eTAR; and (3) ensure all medications and treatments are recorded in the eMAR/eTAR using appropriate administration codes (administered, held, refused, not available) with progress notes related to medication/treatment administration also entered directly from the eMAR/eTAR.</p> <p>DON or designee will conduct periodic audits over three months of eMAR/eTAR documentation to ensure ongoing compliance and provide retraining as needed.</p>	03/06/26

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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’s order dated 10/27/25 states, “Ramipril Cap 1.25mg Take 2 caps (2.5mg) by mouth once daily – Hold if SBP less than 120; however, per MAR, medication administered outside prescribed parameters on the following dates:</p> <ul style="list-style-type: none"> • 1/26/26 – SBP 103 • 2/2/26 – SBP 105 	<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 – Physician’s order dated 10/27/25 states, “Ramipril Cap 1.25mg Take 2 caps (2.5mg) by mouth once daily – Hold if SBP less than 120; however, per MAR, medication administered outside prescribed parameters on the following dates:</p> <ul style="list-style-type: none"> • 1/26/26 – SBP 103 • 2/2/26 – SBP 105 	<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>Regularly scheduled nurses were trained on 2/25/2026 and 2/26/2026 and all nurses will be trained by 3/6/2026 on their responsibility for administering medications within physician/APRN-prescribed parameters. Vital signs must be obtained and reviewed prior to medication administration when parameters are indicated. If vital signs fall outside ordered parameters, the medication must be held and the ordering provider notified.</p> <p>DON or designee will conduct periodic audits over three months of the eMARs/eTARs and check with nurse practices to ensure ongoing compliance and provide retraining as needed.</p>	03/06/26

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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 #2 – Medications were not reviewed and signed by the physician every four (4) months. Medications were reviewed 08/07/2025 and 01/21/2026.</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>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress note for 12/2025 unavailable</p> <p>Resident #2 – Monthly progress note for 11/2025 unavailable</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>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that facility utilized the consultant registered dietitian to provide nutritional assessment for resident with stage 2 pressure ulcer and underweight status.</p> <p>Submit a copy of nutritional assessment with plan of correction.</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>Staff verified that the consultant Registered Dietitian (RD) completed nutritional assessments for Resident #1 on 2/25/2025 and 6/23/2025 for weight loss and underweight status.</p> <p>A copy of the nutritional assessment for Resident #1 with pressure ulcer and underweight status, which the RD completed on 2/18/2026, has been submitted.</p>	02/18/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1, SCG #1-13 – No documented evidence the caregivers were trained by resident’s case manager on personal and specialized care</p> <p>Submit a copy of completed training with plan of correction.</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>Resident #1’s RN case manager conducted training on the care plan for PCGs and SCGs #1-3 and #5-13 on 2/19/2026 and 2/24/2026; SCG #4 is on-call will be trained before his next assigned shift. The case manager trainings included review of personal care tasks specific to the resident, specialized care tasks identified in the resident’s care plan, medication administration (if applicable), and infection control and safety measures. Every caregiver completed skills competency verification.</p> <p>A copy of the completed training has been submitted.</p>	02/24/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1, SCG #1-13 – No documented evidence the caregivers were trained by resident’s case manager on personal and specialized care</p> <p>Submit a copy of completed training with plan of correction.</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>The nursing staff on-boarding process is being revised to include training by expanded resident case managers on personal and specialized care for all expanded residents they are assigned to.</p> <p>Administrator or designee will conduct periodic audits over three months to ensure compliance.</p>	<p>03/06/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan (1/22/26) includes the following orders, “12/8/23 Psyllium fiber oral capsule (psyllium) Give 2 gram” and “PRN Hydroc/APAP 5/325mg tab (hydrocodone-acetaminophen) more take 1 -2 tabs by mouth every 6 hours as needed for pain”; however, physician's orders unavailable for stated medications</p> <p>Submit a copy of revised care plan with plan of correction.</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>Resident #1's RN case manager reviewed the current signed medications orders and updated their care plan to reflect only medications supported by current physician/APRN orders and to remove any outdated or unsupported medication entries.</p> <p>A copy of the revised care plan has been submitted.</p>	02/18/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - No nutrition care plan for resident with low weight status.</p> <p>Submit a copy of revised care plan with plan of correction.</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>A new Case Manager Care Plan Verification Checklist has been implemented. Case manager care plans will not be accepted as final until the checklist is completed, including a nutrition assessment and detailed care plan, with measurable goals, if necessary.</p> <p>DON or designee will conduct random chart audit of nutrition and weight status vs. case manager care plans to ensure compliance and correction.</p>	02/18/26

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Licensee's/Administrator's Signature: Jessie "Keolamaikalani" Dean

Print Name: Jessie "Keolamaikalani" Dean

Date: 02/26/26

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