

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: Laulima Hale | Chapter: 100.1 |
| Address: 1010C Wanaka Street, Honolulu, Hawaii 96818 | Inspection Date: May 6, 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 |
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| <p>§11-100.1-15 Medications. (b)</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS:</u></p> <p>Medication packets such as Aspirin, Benadryl, and Neosporin ointment were found in the First Aid Kit unsecured during the time of inspection. Primary caregiver (PCG) removed the packets during the time of inspection.</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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| <p>§11-100.1-17 Records and reports. (a)(6)</p> <p>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS:</u></p> <p>Resident #1- No documented evidence of a physician signed orders for using arm circumference as measurements for weight.</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> | |

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| <p>§11-100.1-23 Physical environment. (g)(3)(A)</p> <p>Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS:</u></p> <p>Hoyer lift blocked Exit #2 during the time of inspection and was observed not free of obstruction. Primary caregiver (PCG) moved the Hoyer lift so that Exit #2 is free of obstruction during the time of inspection.</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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| <p>§11-100.1-23 Physical environment. (g)(3)(I)(i)</p> <p>Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS:</u> Inspector arrived around 1040, only one substitute caregiver (SCG) present in home when there is 2 non-self preserving residents; Primary caregiver (PCG) arrived around 1115.</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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| <p>§11-100.1-87 Personal care services. (e)</p> <p>The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident’s care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS:</u></p> <p>Resident #1- no proof case management training was provided to Substitute caregiver (SCG) #1 and SCG #2. Names were placed, but no initials and/or signature to show proof.</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> | |

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Licensee's/Administrator's Signature:

Print Name:

Date: