

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Serenity Care Home Hawaii Kai</b>	<b>CHAPTER 100.1</b>
<b>Address: 1072 Kalapaki Street, Honolulu, Hawaii 96825</b>	<b>Inspection Date: March 2, 2026 Annual</b>

**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><b><u>FINDINGS</u></b></p> <p>Resident #1 – Physician medication order dated 12/16/25 states, “Metoprolol Succinate Extended Release 50mg/24 hr Tab-Take one tab daily by mouth. Hold if SBP &lt;100 or apical HR&lt;50.” On January 5, 2026, the caregiver had signed off on the Medication Administration Record (MAR) that he/she had given the medication to the resident with the documented resident’s HR of 44.</p> <p>Resident #1 – Physician medication order dated 12/16/25 states, “Miralax Powder-Take 17 gm powder dissolved in 8oz liquid daily by mouth.” But on the resident’s MAR it states, “Miralax Powder Take 17 gm powder dissolved in 8 oz liquid daily as needed by mouth.”</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><b>Deficiency #1</b></p> <ol style="list-style-type: none"> <li>1. Resident #1’s medication orders and vital sign monitoring parameters were reviewed.</li> <li>2. The caregiver involved received immediate counseling and re-education regarding medication administration procedures and the requirement to follow physician hold parameters prior to administering medications.</li> <li>3. Staff were reminded that medications with hold parameters must not be administered when vital signs fall outside the physician-ordered parameters, and that the medication must be held.</li> </ol> <p><b>Deficiency #2</b></p> <ol style="list-style-type: none"> <li>1. The MAR was immediately corrected to accurately reflect the physician’s order.</li> <li>2. Resident #1’s physician orders and MAR entries were reviewed to ensure consistency.</li> <li>3. All resident medication orders and MARs were reviewed for accuracy.</li> </ol>	<p style="text-align: center;"><b>3/2/26</b></p>

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Licensee's/Administrator's Signature: Noel Jose

Print Name: Noel Jose

Date: Mar 10, 2026