

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Waialae Senior Living	CHAPTER 100.1
Address: 2945 Kalei Road, Honolulu, Hawaii, 96826	Inspection Date: April 27, 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
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> The following substitute caregivers (SCG) were found to be missing required initial or annual tuberculosis (TB) clearance documentation: 1) SCG #1 – Initial TB clearance could not be verified; only a one step TB skin test dated 10/7/24 was available. 2) SCG #2 – Annual TB clearance could not be verified; an IGRA test dated 1/28/26 was present but lacked a physician or APRN signature. 3) SCG #4 – Initial TB clearance could not be verified; only a one step TB skin test dated 7/25/25 was available.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications.</u> (b) 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. <u>FINDINGS</u> Medications (Bacitracin ointment, Salonpas patch, and Silvasorb gel) were observed in the first aid kit, which was unlabeled and unsecured in a drawer.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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☒	§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. <u>FINDINGS</u> Resident #1— A physician-ordered medication, Calcitonin Nasal Solution (1 IU, alternating nostrils once daily), was observed. However, the medication administration record (MAR) did not indicate which nostril was used during administration. The medication was not administered in accordance with the physician's order.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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☒	§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u>FINDINGS</u> Resident #1— The Primary Caregiver (PCG) stated that the family/guardian manages the resident's finances; however, the financial statement lists the family, resident, and primary caregiver as responsible for managing the resident's finances. Record inaccurate.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____