

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734	Inspection Date: March 5, 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
☒	§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers. <u>FINDINGS</u> Uncovered raw chicken thighs observed on the kitchen counter.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY To correct this deficiency, when the uncovered raw chicken was observed on the kitchen counter and brought to chef's attention, the chef immediately covered the chicken with plastic wrap.	03/05/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers. <u>FINDINGS</u> Uncovered raw chicken thighs observed on the kitchen counter.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To ensure this will not happen in the future, a sign that states 'All Food Must be Covered *unless actively being prepped or served', was posted in the kitchen on the prep and serving counter tops. Please see Attachment A.	03/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. <u>FINDINGS</u> Resident #1 – External medications (Dulcolax suppositories and triamcinolone cream 1%) stored in same compartment with internal medications	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY This deficiency was corrected by placing the Triamcinolone cream and Dulcolax suppositories into a resealable zip-top plastic bag to separate it from the internal medications. Please see Attachment B.	03/17/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. <u>FINDINGS</u> Resident #1 – External medications (Dulcolax suppositories and triamcinolone cream 1%) stored in same compartment with internal medications	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this from happening in the future, a reminder has been highlighted on the 'Received Medications Log' that states 'Please make sure to place ALL external medications into a Zip Lock Bag before placing them into the medication cart and separate from internal medications'. All medications received are documented on this log before placed in the medication cart. See Attachment C1. Another reminder has been added to the Medication Cart Audit Log which occurs weekly, 'Are all medication stored properly? (External and internal medications must be separated)'. See Attachment C2.	03/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: 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; <u>FINDINGS</u> Resident #1, SCG #1-7 – No documented evidence caregivers were trained on personal and specialized care related to resident's needs Submit a copy of completed training with plan of correction	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY To correct this deficiency, training was completed by RN Case Manager and substitute caregivers (SCG) on 3/18/2026. See attachment D1.	03/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: 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; <u>FINDINGS</u> Resident #1, SCG #1-7 – No documented evidence caregivers were trained on personal and specialized care related to resident's needs Submit a copy of completed training with plan of correction	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this in the future, a line on Care Giver Orientation Training Face Sheet has been added under Resident Care Training that states 'Personal and Specialized Care for Expanded Residents (completed by RN Case Manager)' (See attachment D2) and 'Case Manager completed training with SCG' has been added to the Primary Caregiver's Monthly task list. These will serve as a reminder for the Primary Caregiver (PCG) to have training for SCG completed by RN Case Manager during her visits. See Attachment D3.	03/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; <u>FINDINGS</u> Resident #1 – Current care plan does not include the following physician's orders: • "Losartan Potassium 25mg Tablet Take 1 tablet by mouth daily. *Hold for SBP <110" • "PRN Furosemide 40mg Tablet Give 40mg orally once daily as needed weight 200lbs and above" Submit a copy of revised care plan with plan of correction	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY To correct this deficiency, 'Losartan Potassium 25mg tablet; take 1 tablet by mouth daily. *Hold for SBP<110' was added to the Care Plan. See Attachment E1. To correct the deficiency for 'PRN Furosemide 40mg tablet, give 40mg orally once daily as needed weight 200lbs. and above' was added to the care plan. See Attachment E2.	03/18/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; <u>FINDINGS</u> Resident #1 – Current care plan does not include the following physician's orders: • "Losartan Potassium 25mg Tablet Take 1 tablet by mouth daily. *Hold for SBP <110" • "PRN Furosemide 40mg Tablet Give 40mg orally once daily as needed weight 200lbs and above" Submit a copy of revised care plan with plan of correction	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this from occurring in the future, 'Medications on RN Case Manager Care Plan' check box has been added to the monthly summary as a reminder for the PCG to check the RN Case Manager's Care plan for all medications and medication changes are documented. See Attachment E3.	03/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; <u>FINDINGS</u> Resident #1 – Medication orders for Lidocaine patches and ibuprofen are documented in current care plan; however, both medications were previously discontinued (1/25/26 and 12/18/25) Submit a copy of revised care plan with plan of correction	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY To correct this deficiency, Medication Orders for Lidocaine Patches and ibuprofen were added and discontinued on the Care Plan. See Attachment F.	03/18/26

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☒	§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: 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; <u>FINDINGS</u> Resident #1 – Medication orders for Lidocaine patches and ibuprofen are documented in current care plan; however, both medications were previously discontinued (1/25/26 and 12/18/25) Submit a copy of revised care plan with plan of correction	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this from occurring in the future, 'Medications on RN Case Manager Care Plan' check box has been added to the monthly summary as a reminder for the PCG to check the RN Case Manager's Care plan for all medications and medication changes are documented. See Attachment E3.	03/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; <u>FINDINGS</u> Resident #1 – Physician's order dated, 7/25/25-12/28/25, for Acetaminophen 500mg – 2 tabs Q6H PRN pain was not added to care plan for duration of prescription	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; <u>FINDINGS</u> Resident #1 – Physician's order dated, 7/25/25-12/28/25, for Acetaminophen 500mg – 2 tabs Q6H PRN pain was not added to care plan for duration of prescription Submit a copy of revised care plan with plan of correction	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this from occurring in the future, 'Medications on RN Case Manager Care Plan' check box has been added to the monthly summary as a reminder for the PCG to check the RN Case Manager's Care plan for all medications and medication changes are documented. See attachment E3. For revised copy of Care Plan see Attachment G.	03/18/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; <u>FINDINGS</u> Resident #1 – Documented evidence of monthly visit by case manager unavailable since 12/19/25	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; <u>FINDINGS</u> Resident #1 – Documented evidence of monthly visit by case manager unavailable since 12/19/25	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this in the future, 'Schedule when RN Case Manager Visit' (enter date)' has been added to the Primary Caregiver's Monthly Tast List to ensure RN Case Manager completes a face to face visit every month with Expanded Resident. See attachment H.	03/17/26

Licensee's/Administrator's Signature: 

Print Name: Larisa Sazon

Date: 03/20/26