Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **The Arc in Hawaii Housing Proj. No. 10/ Lusitana D**	**CHAPTER 89**
Address: **1660 C Lusitana Street, Honolulu, Hawaii 96813**	**Inspection Date: November 8, 2023 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(13) Medications: Only oral, suppository and topical medications shall be made available to the resident for administration or application. Any injections or intravenous medication shall be administered by a licensed nurse. **FINDINGS** Resident #1 – Ninety (90) day medication re-evaluation formed signed by physician on 12/2/2022 for "Ketoconazole cream 2%, apply to affected area(s) 2x daily." Aforementioned medication is not reflected in medication administration record (MAR).	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____