

Office of Health Care Assurance

State Licensing Section

### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility Name: Castro's (ARCH)	CHAPTER 106.1
Address: 3445 Eono Street, Lihue, Hawaii 96766	Inspection Date: March 25, 2024 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
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>            Primary caregiver (PCG) and substitute caregiver (SCG)- No current documented evidence stating that the PCG and SCG have no prior felony or abuse convictions in a court of law. Last Fieldprint results for PCG and SCG dated 3/8/23.</p> <p><b>Please submit copies of Fieldprint results with your plan of correction.</b></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 style="text-align: center;"><i>The fingerprint result is valid for 2 years from the date it was issued.</i></p>	<p style="text-align: center;"><i>5/1/24</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Two (2) expired can goods found in residents' food supply; One can labeled coconut milk expired 2/7/24 and one can labeled sweet peas expired 12/29/23.</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>I removed all the expired canned goods</p> <p>I will check the can good supply every month</p> <p>I will separate the can goods with the new supply, and almost expiring</p>	5/1/24

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Two (2) expired can goods found in residents' food supply; One can labeled coconut milk expired 2/7/24 and one can labeled sweet peas expired 12/29/23.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make a checklist as reminder to check every month.</p> <p>I will make sure to arrange the can goods from new in the back of the shelves, and use can goods before they expire.</p>	<p>5/1/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1- Physician ordered on 7/18/23 for "Artificial Tear Drops Instill 1-2 drops to both eyes every 4-6 hours PRN dryness"; however, the medication was not listed from the July 2023 to January 2024 medication administration record (MAR).</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>5/1/24</p>

	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><u>FINDINGS</u> Resident #1 - Physician ordered on 7/18/23 for "Artificial Tear Drops Instill 1-2 drops to both eyes every 4-6 hours PRN dryness"; however, the medication was not listed from the July 2023 to January 2024 medication administration record (MAR).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To check the physician order and to write on the medication sheet the same order as written.</p> <p>To check each medication sheet every month.</p>	<p>5/1/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 7/18/23 for "Tylenol 650 mg Take 2 tablets PO every 4 hours PRN pain/fever"; however, the July 2023 to January 2024 MAR was written as "Tylenol 325 mg Take 1-3 tablets PO every 4-6 hours PRN for pain/fever", then the February 2024 to March 2024 MAR was written as "Tylenol 650 mg Take 2 tablets PO every 4-6 hours PRN pain/fever". The physician order and recorded MAR does not match.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>5/1/24</p>



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☒	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> Resident #1- Physician ordered on 4/14/23 for "Clozapine 200 mg Take 4 tablets PO at bedtime"; however, the April 2023 to March 2024 MAR was written as "Clozapine 800 mg Take 4 tablets PO at bedtime". The physician order and recorded MAR does not match.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #2- Initial weight in March 2023 was 253 pounds compared to current weight of 243 pounds resulting in net loss of 10 pounds. No documentation in the progress notes regarding changes in condition.</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 style="text-align: center;"><i>I will document on the progress note that resident wants to lose weight.</i></p>	<p style="text-align: center;"><i>5/1/24</i></p>

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b> Resident #1- Physician ordered on 1/17/23 for "Aristada 1064 mg ER IM every 4 weeks"; however there were no records describing the treatment rendered.</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 style="text-align: center;"><i>Aristada injection is given by pharmacist. - I will document on the progress note that was given.</i></p>	<p style="text-align: center;"><i>5/1/24</i></p>

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b>FINDINGS</b> Resident #1 –</p> <ul style="list-style-type: none"> <li>• “Docusate Sodium 100 mg 2 capsules PO daily PRN for constipation” was documented in November 2023 MAR that it was administered to resident on 11/13, 11/18, and 11/24. However no documented evidence of response to PRN medication.</li> <li>• “Tylenol 650 mg 2 tablets PO every 4 hours PRN for pain/fever” was documented in March 2024 MAR that it was administered to resident on 3/14/24. However no documented evidence of response to PRN medication.</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS</b> Resident #1- Entries in the October 2023 MAR was written in blue ink.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100 1-17 Records and reports. (b)(1) General rules regarding records.</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry.</p> <p><u>FINDINGS</u> Resident #1- Entries in the October 2023 MAR was written in blue ink.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure each documentation is written in black ink.</p> <p>I will remove all blue pens out from the table.</p>	<p>5/1/24</p>

Licensee's/Administrator's Signature: Julie Castro  
Print Name: Julie Castro  
Date: 5/1/24

ure:  
mail: edchen53@yahoo.com