

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The ARC in Hawaii Proj. No. 8/Waipahu A	CHAPTER 89
Address: 94-060 A Poailani Circle, Waipahu, Hawaii 96797	Inspection Date: August 13, 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. 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
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – The following medications on the following dates did not have documentation whether it was administered, held or refused by resident:</p> <ul style="list-style-type: none"> • Fluoxetine 40mg – 9/25/23, 10/28/23-10/29/23, 12/24/23, 12/30/23-12/31/23, 1/23/24-1/24/24. • Intuniv 2mg – 9/23/23, 9/25/23-9/30/23, 10/25/23-10/28/23, 10/31/23-10/31/23, 11/21/23-11/23/23, 12/25/23, 12/31/23, 1/22/24-1/27/24, 1/29/24-1/31/23, 8/13/24. • Bimatoprost 0.03% eye drops – 9/25/23, 10/28/23-10/29/23, 12/24, 12/30/23-12/31/23, 1/23/24-1/24/24. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current inventory of belongings. Observed last inventory recorded on 7/2022.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____