

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: The ARC in Hawaii Proj. No. 8/Waipahu A</b>	<b>CHAPTER 89</b>
<b>Address: 94-060 A Poailani Circle, Waipahu, Hawaii 96797</b>	<b>Inspection Date: August 13, 2024 Annual</b>

**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
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> 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"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<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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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of a current inventory of belongings. Observed last inventory recorded on 7/2022.</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>The inventory was completed however the home manager was not able to locate the document. A new inventory sheet was completed and filed in the the resident's file. See attachment A</p>	08/25/2024

	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><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of a current inventory of belongings. Observed last inventory recorded on 7/2022.</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>Semi-annual inventory of resident's belongings will continue to be completed by home manager and staff. It is the home manager's responsibility to ensure the resident's belongings are inventoried accurately and kept in the resident's file. The Director of Operations will review the resident's file throughout the year and report findings to the home manager if the document is not in the resident files.</p>	10/11/2024

Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes

Date: 09/03/2024

Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes

Date: 10/11/2024