

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Simplicano's ARCH	CHAPTER 100.1
Address: 94-106 Kaupu Place, Waipahu, Hawaii 96797	Inspection Date: March 11, 2025 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) 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver (PCG) to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1,2 – PCG training unavailable for review</p> <p>Submit a copy with plan of correction.</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> <p><i>Training done for SCG # 1, 2</i> <i>See attached</i></p>	<p>3-31-25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver (PCG) to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1,2 – PCG training unavailable for review</p> <p>Submit a copy with plan of correction.</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>In the future, PCG will review the checklist of reminders of items to do on admission ^{employment} to ensure nothing is missed. PCG training added to checklist.</i></p>	<p>3-31-25</p> <p><i>PCG training added to checklist</i></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's order dated 10/11/24 states, "GNP QCO Q-10 200mg 1 tab PO qd"; however, medication was not renewed or discontinued since last renewed by physician on 1/6/25</p> <p>Submit a copy of renewed or discontinued medication order with plan of correction.</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> <p><i>Obtained renewed medication order for GNP QCO-10 200mg 1 tab PO QD from physician.</i></p>	<p><i>3/31/25</i></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's order dated 10/11/24 states, "GNP QCO Q-10 200mg 1 tab PO qd"; however, medication was not renewed or discontinued since last renewed by physician on 1/6/25</p> <p>Submit a copy of renewed or discontinued medication order with plan of correction.</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>In the future, PCC will review all medication orders on the 1st of every month to ensure a current physician's order is on file. Reminder note to do this posted on Residence Record</i></p>	<p><i>3/31/25</i></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's order dated 6/7/24-current day states, "GNP CO Q-10 200mg 1 tab PO QD"; however, medication administration record (MAR) shows supplement was not administered from 11/1/24-12/31/24, administered from 1/1/25-1/31/25, not administered again, from 2/1/25-2/28/25, and restarted again on 3/1/25, without reason or orders from physician to discontinue and restart medications.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>APR 1 10 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's order dated 6/7/24-current day states, "GNP CO Q-10 200mg 1 tab PO QD"; however, medication administration record (MAR) shows supplement was not administered from 11/1/24-12/31/24, administered from 1/1/25-1/31/25, not administered again, from 2/1/25-2/28/25, and restarted again on 3/1/25, without reason or orders from physician to discontinue and restart medications</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>In the future, PCG will review the MAR on the 1st of every month to ensure all medications that are ordered are written on the MAR. Reminder note to do this posted on Residence Record.</i></p>	<p>3-31-25</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 – 2/2025 MAR shows “Calcitriol” was administered from 2/11/25-2/28/25 without including documentation of frequency and dosage administered</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div style="text-align: right; padding-right: 5px;">25 MAY 11 11:33</div>	<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – 2/2025 MAR shows “Calcitriol” was administered from 2/11/25-2/28/25 without including documentation of frequency and dosage administered	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> In the future, PCA will review the MAR on the 1st of every month to ensure all ordered medications are written with name, dosage and frequency. Reminder note to do this posted on Residence Record. </p>	<p style="text-align: center;">3/31/25</p> <p style="text-align: center;">5-19-25</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 – Conflicting physician's orders written on the same day, multiple times (6/7/24, 10/11/24, 1/6/25), without clarified order provided:</p> <ul style="list-style-type: none"> • "Donepezil HCl 100mg. 1 tab po @ bedtime" • "Donepezil 10mg Tab sig: TAKE ONE TABLET BY MOUTH AT BEDTIME" <p>Submit a copy of clarified medication order with plan of correction.</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> <p><i>Obtained clarified medication order for Donepezil from physician</i></p>	<p><i>3-31-25</i></p>

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<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 – Conflicting physician's orders written on the same day, multiple times (6/7/24, 10/11/24, 1/6/25), without clarified order provided:</p> <ul style="list-style-type: none"> • "Donepezil HCl 100mg, 1 tab po @ bedtime" • "Donepezil 10mg Tab sig: TAKE ONE TABLET BY MOUTH AT BEDTIME" <p>Submit a copy of clarified medication order with plan of correction.</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>On the future, PCG will review the MAR on the 1st of every month to ensure there are no conflicting physician's orders written. If conflicting orders are identified during review physician will be contacted to clarification. Reminder note to do this posted on Residence Record.</i></p>	<p>3/31/25</p> <p>5-19-25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment dated 8/22/19 was not signed by resident/responsible party</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>75 11-4-2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment dated 8/22/19 was not signed by resident/responsible party</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>Admission assessment signature has been added to admission checklist. Checklist will be used after time of admission.</i></p>	<p>5/19/25</p>

	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><u>FINDINGS</u> Resident #1 – Monthly progress notes unavailable from 4/2024 to 2/2025</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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><u>FINDINGS</u> Resident #1 Monthly progress notes unavailable from 4/2024-2/2025</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>Reminder note has been posted on Residence Record to complete Progress note monthly.</i></p>	<p><i>5/17/25</i></p>

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<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><u>FINDINGS</u> Resident #1 – Physician provided conflicting dosage orders for Donepezil from 6/7/24 – current day; however, no documented evidence of clarification made by facility. Facility administering medication (100mg) without physician consult.</p> <p>Submit documented evidence that physician was contacted to clarify medication order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Clarification for dosage on Donepezil was obtained from the physicians</i></p>	<p style="text-align: center;"><i>3/31/25</i></p> <p style="text-align: center;"><i>75 000 - 1000</i></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><u>FINDINGS</u> Resident #1 -- MAR from 3/2024-current day (3/11/25), "acetaminophen ER 650mg 1 tab po qd 4xday PRN (pain)" has been administered twice daily (8am and 4pm) without explanation of location of pain, resident's response to PRN dose of medication, or documented discussion with physician regarding routinely administered PRN pain medication</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 APR - 2025</p>

	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><u>FINDINGS</u> Resident #1 - MAR from 3/2024-current day (3/11/25). "acetaminophen ER 650mg 1 tab po qd 4xday PRN (pain)" has been administered twice daily (8am and 4pm) without explanation of location of pain, resident's response to PRN dose of medication, or documented discussion with physician regarding routinely administered PRN pain medication</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>In the future, PCA will review the MAR for the previous month on the 1st of every month to ensure that all PRN medications include explanation of reason giving, location of affected area and resident's response to medication given. All staff inservice on appropriate documentation of PRN meds.</i></p>	<p><i>3/31/25</i></p> <p><i>5/19/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence an annual dental exam was completed</p> <p>Submit evidence of a completed annual dental exam or statement of declination by resident.</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> <p><i>Annual dental exam documentation obtained for resident #1 See attached</i></p>	<p><i>3/31/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence an annual dental exam was completed</p> <p>Submit evidence of a completed annual dental exam or statement of declination by resident.</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>In the future, PCCs will refer to checklist of all required items needed for residents annually. Dental exams included on checklist.</i></p>	<p><i>3/31/25</i> <i>5/19/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request.</p> <p><u>FINDINGS</u> No documented evidence any monthly fire drills were conducted during hours of darkness</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2012-11-15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request.</p> <p><u>FINDINGS</u> No documented evidence any monthly fire drills were conducted during hours of darkness</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>Reminders now posted on cone home</i> <i>Binder + complete fire drills</i> <i>monthly.</i></p>	<p>5/17/25</p>

Licensee's/Administrator's Signature: Ofelia C. Simpliciano

Print Name: OFELIA C. SIMPLICIANO

Date: 4/4/25

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P2:15

Licensee's/Administrator's Signature:

Print Name: _____

Date: