

Office of Health Care Assurance

HA 100.1-1 101

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Castro's (ARCH)	CHAPTER 100.1
Address: 3445 Eono Street, Lihue, Hawaii 96766	Inspection Date: March 19, 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 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>§11-100.1-14 <u>Food sanitation</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Toxic chemicals, such as Lysol bleach spray, was left unsecured on the side of the kitchen cabinet.</p> <p>Primary care giver (PCG) secured during the time of inspection.</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>§11-100.1-14 <u>Food sanitation</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Toxic chemicals, such as Lysol bleach spray, was left unsecured on the side of the kitchen cabinet.</p> <p>Primary care giver (PCG) secured during the time of inspection.</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>I relocated the cleaning/ Toxic agents under the sink with a lock cabinet.</i></p> <p><i>I will put a post it sign in the kitchen area to remind primary and substitute caregiver to check every day if properly lock/stored.</i></p>	<p><i>6/1/25</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 ordered on 1/28/25 for "Artificial Tear Drops 0.1-0.3% Solution Apply 1-2 drops into the eye(s) every 4 to 6 hours as needed for excessive cornea and conjunctiva dryness"; however, there was no documented evidence of the transcription in the medication administration records (MAR) from January 2025 to March 2025.</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>Yes, I already wrote the right order in the MAR</p>	<p>5/1/25</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- Physician ordered on 1/28/25 for "Artificial Tear Drops 0.1-0.3% Solution Apply 1-2 drops into the eye(s) every 4 to 6 hours as needed for excessive cornea and conjunctiva dryness"; however, there was no documented evidence of the transcription in the medication administration records (MAR) from January 2025 to March 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 put a post-it note to remind myself to check MAR every month. I will place the post-it note to the care home folder to remind myself every month, to write the same order to the MAR.</p>	5/1/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date						
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1- Physician order on 1/28/25 did not match the MARs from January 2025 to March 2025 for the following medications:</p> <table border="1" data-bbox="378 597 995 836"> <thead> <tr> <th>Physician Order</th> <th>MAR Transcription</th> </tr> </thead> <tbody> <tr> <td>Clozapine 200 mg Take 4 tabs by mouth every night at bedtime</td> <td>Clozaril 800 mg PO Take 4 tablets PO at night</td> </tr> <tr> <td>Acetaminophen 650 mg Take 2 tablets by mouth every 4 hours as needed for pain or fever</td> <td>Acetaminophen 325 mg PO Take 1-3 tablets every 4-6 hours PRN pain or fever</td> </tr> </tbody> </table>	Physician Order	MAR Transcription	Clozapine 200 mg Take 4 tabs by mouth every night at bedtime	Clozaril 800 mg PO Take 4 tablets PO at night	Acetaminophen 650 mg Take 2 tablets by mouth every 4 hours as needed for pain or fever	Acetaminophen 325 mg PO Take 1-3 tablets every 4-6 hours PRN pain or fever	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I already corrected and write the corrected medication order in the MAR. I check and match the physician order and write in the MAR.</p>	<p align="center">5/1/25</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #3- No documented evidence of an annual report examination for tuberculosis. Last tuberculosis examination was 7/28/23.</p> <p>Please submit a copy of the annual tuberculosis report with your plan of correction.</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><i>I will schedule a doctors appointment for the resident to have TB clearance signed by the doctor.</i></p>	<p><i>5/1/25</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 #2- Current weight is 259 pounds compared with one year ago in March 2024 was 243 pounds. No documented evidence of a progress note regarding the sixteen (16) pound weight gain.</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>I will put a goal it note to the resident's chart to remind myself to chart on the progress record regarding residents loss weight.</i></p> <p><i>To make sure to notify the physician</i></p>	<p>5/1/25</p> <p>25 MAY - 1</p>

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Licensee's/Administrator's Signature: _____

Julie Castro

Print Name: _____

Julie Castro

Date: _____

4/24/25

Signature

25 11-1 11-2