

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: CEJ Charity ARCH-EC, L.L.C.	CHAPTER 100.1
Address: 45-415 Kulauli Street, Kaneohe, Hawaii 96744	Inspection Date: July 2, 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>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1- No documented height listed in height and measurements record. No documented weight check for October 2024, November 2024, January 2025, February 2025, and May 2025.</p>	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1- No documented height listed in height and measurements record. No documented weight check for October 2024, November 2024, January 2025, February 2025, and May 2025.</p>	<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>In the future, any resident admitted shall include measurement of height and weight and recorded in the admission assessment form.</p> <p>Weights shall be taken every month thereafter, and recorded in the HEIGHT AND MONTHLY WEIGHT RECORD form. Weight of residents who are ambulatory or wheelchair-bound shall be measured on the floor scale. Otherwise, for bed-bound residents, weight shall be determined using the MID-ARM CIRCUMFERENCE (MAC) method and document same in the monthly weight record form.</p>	07/06/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> No documented evidence of a successful completion of twelve hours of continuing education courses per year for the following individuals:</p> <ul style="list-style-type: none"> - Primary caregiver (PCG)- Completed 11.25 hours. - Substitute caregiver (SCG) #1- Completed 2 hours. - SCG #2- Completed 2 hours. <p>Please send copies of remaining continuing education credits to complete the twelve hours with your plan of correction: PCG needs 0.75 hours, SCG #1 needs 10 hours, and SCG #2 needs 10 hours.</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>Make up in-services were scheduled as soon as possible to complete the required minimum 12 education credits per year. Copy of certificates for the remaining in services are submitted with this plan of correction.</p>	07/14/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> No documented evidence of a successful completion of twelve hours of continuing education courses per year for the following individuals:</p> <ul style="list-style-type: none"> - PCG- Completed 11.25 hours. - SCG #1- Completed 2 hours. - SCG #2- Completed 2 hours. <p>Please send copies of remaining continuing education credits to complete the twelve hours with your plan of correction: PCG needs 0.75 hours, SCG #1 needs 10 hours, and SCG #2 needs 10 hours.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, we will make sure we complete the required 12 education credits per year in due time. Will include in my task list, and also put in a calendar, as a reminder, a schedule to conduct in services throughout the year.</p>	07/12/25

Licensee's/Administrator's Signature: Carolyn B Lazo

Print Name: Carolyn B Lazo

Date: Jul 14, 2025