

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Caring Touch ARCH/Expanded ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 98-131 Kaluamoi Place, Pearl City, Hawaii 96701</b>	<b>Inspection Date: November 19, 2025 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 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>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1- Physician ordered on 10/21/25 for Guaifenesin 200 mg tablet "Take 1 tablet by mouth every 4 hours as needed for cough"; however, the medication label read, "Take 1 tablet by mouth every 4 hours". The physician order and medication label do not match.</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 deficiency was corrected by updating the medication label to accurately reflect the physician's order. Specifically, the label was amended and written by hand to include "as needed for cough (PRN)", matching the original physician order dated 10/21/25 for Guaifenesin 200 mg, "Take 1 tablet by mouth every 4 hours as needed for cough."</p>	<p>11/19/25</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><b><u>FINDINGS</u></b> Resident #1- Physician ordered on 4/1/24 for Oxygen 2-4 Liters to maintain SPO2&gt;93%; however, treatment was given on daily basis with no documented evidence of the times given on the medication administration record (MAR).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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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<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><b><u>FINDINGS</u></b> Resident #1- Physician ordered on 4/1/24 for Oxygen 2-4 Liters to maintain SPO2&gt;93%; however, treatment was given on daily basis with no documented evidence of the times given on the MAR.</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>TO PREVENT THE SAME DISCREPANCY IN THE FUTURE, I WILL ENSURE THE SPECIFIC START AND STOP TIMES OF THE RESIDENT'S OXYGEN THERAPY ARE CONSISTENTLY DOCUMENTED ON THE MAR AND PROGRESS NOTES, AND WILL MONITOR DOCUMENTATION FOR ACCURACY AND COMPLETENESS:</p> <p>EACH TIME OXYGEN THERAPY IS INITIATED OR DISCONTINUED, A SUBSTITUTE CAREGIVER SHALL ASSIST THE PRIMARY CAREGIVER AND VERIFY THAT THE TIMES ARE ACCURATELY DOCUMENTED ON THE MAR AND IN THE PROGRESS NOTES.</p>	<p>4/19/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u>  (a)  Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b>  Resident #1- Resident was admitted to the care home on 9/2/25 with hospice case management services provided; however, no documented evidence of case management for ARCH expanded resident.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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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LA

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: Leslie Ann Ballesteros

Date: Dec 22, 2025

Licensee's/Administrator's Signature: LA

Print Name: LESUE ANN BAUESTEROS

Date: 02/22/2026