

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai ARCH	CHAPTER 100.1
Address: 308 Kuliouou Road, Honolulu, Hawaii 96821	Inspection Date: February 5, 2026 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – No documentation of current first aid certification.</p> <p><i>Submit documentation with your plan of correction (POC).</i></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>SCG #1 completed her first aid certification with Daniel Carter on 2/10/26. Documentation of certification has been secured in caregiver binder.</p>	<p>2/10/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – No documentation of current first aid certification.</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>To prevent this from happening again, as the Primary Caregiver, I will keep an employee audit sheet for each employee to make sure that they are up to date and I have all required documentations: First aid certification, CPR certification, annual physical exam, Annual TB clearance, and field print documentations. The audit sheet is to be found in the caregiver binders which is checked every month (at the end of each month). To make sure that the employees are getting their documentations in before any expirations, I will be reminding each employee at least three months before the due dates and then one month until I receive the documents. This has been implemented immediately to prevent any documents from expiration and to prevent missing/incomplete documents.</p>	<p>2/6/26</p>

	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><u>FINDINGS</u> Resident #1 – Physician order for Acetaminophen 325 mg tab (last reviewed on 12/31/25) not recorded on current MAR.</p> <p><i>Submit proof of correction with your POC.</i></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>Physician order for Acetaminophen 325mg tab has been added to the MAR under the PRN section.</p>	<p>2/6/26</p>

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<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><u>FINDINGS</u> Resident #1 – Physician order for Acetaminophen 325 mg tab (last reviewed on 12/31/25) not recorded on current MAR.</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>To prevent this from happening again, as the Primary Caregiver, at the end of each month, before printing the new MAR for each resident, I will be cross referencing the MAR to the Medication list of the resident to make sure every routine and PRN medication is accounted for in the MAR. For second eyes, I will have another caregiver also check to see that the MAR is correct on the last day of the month which is when I print the new month's MAR (will print March's MAR on February 28th).</p> <p>I always keep a copy of the most updated Medication List near the medication cabinet when needing to make medications available and in the resident emergency binder, therefore when creating the new MAR I will make sure to use one of those medication lists to double check that I have all routine and PRN medications listed in the new MAR.</p> <p>If the MAR is created through one of the pharmacies we use, ex Pharmacare, and a medication is missing, I will contact the Pharmacare Representative immediately to have them correct the MAR and send a new one on the same day, or call the PCP of resident to send correct order to Pharmacare so they can fix the MAR and send it over as soon as possible.</p> <p>All MARs are kept in the Medication Administration Records binder and has been implemented immediately.</p>	<p>2/6/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - The care plan does not incorporate all current medication orders and fails to address the following identified problems/issues:</p> <ul style="list-style-type: none"> • Self-care deficit (ADLs): Including the need for a Hoyer lift during transfers. • Altered nutrition: Requires Ensure supplement, monthly measurement of mid-arm circumference, diet is regular with nectar-thick liquid consistency. <p><i>Submit a copy of the revised care plan with your POC.</i></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>RNCM made a new care plan to reflect medication orders (pg 13 w/ attachment) as well as self-care deficits (pg 2-5, 7-8), use of hoyer lift (pg 4 &13), and altered nutrition (pg 7-8). Please see attached the new care plan w/ current physician medication order.</p>	<p>2/11/26</p>

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Licensee's/Administrator's Signature: Khayla Rol

Print Name: Khayla Rol

Date: 02/18/2026