

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J. Quinabo ARCH #1	CHAPTER 100.1
Address: 1553 Kaweloka Street, Pearl City, Hawaii 96782	Inspection Date: January 7, 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>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1—Partial dentures not listed in personal belongings.</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 documented the partial dentures in the Residents Valuables Record following the inspection.</p>	<p>1/7/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1—Partial dentures not listed in personal belongings.</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>On the day of admission, I will conduct as thorough examination to verify the presences of dentures in the patient's mouth. If the patient is uncooperative or confused, I will consult with family members. All findings will be documented on the patient's valuable record right away. Additionally, I will review and reconcile all valuable belongings with the family during their next visit in the Home.</p>	1/7/26

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JAN 30 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1—Four (4) bottles of over the counter (OTC) medications—Melatonin 3 mg, Ginko Biloba, Stool Softener + Stimulator Laxative 8.6-50 mg, Advil 200 mg—were observed in the resident's medication bin without proper labeling.</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 created medication labels for the over-the counter medications using 2"X4"index cards. To ensure accuracy, i reviewed each label with the SCG in accordance with the Physician's Orders. Additionally, I visited the doctor's office to obtain the PCP's initials on the labels. All over-the-counter medications are now properly labeled, stored min the medication bin, and secured in the locked medication cabinet.</p>	<p style="text-align: center;">1-8-26</p>

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<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><u>FINDINGS</u> Resident #1—Four (4) bottles of over the counter (OTC) medications—Melatonin 3 mg, Ginko Biloba, Stool Softener + Stimulator Laxative 8.6-50 mg, Advil 200 mg—were observed in the resident's medication bin without proper labeling.</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>I will store extra index cards in the patient's chart to label over the counter medications. These cards will be prepared for the doctor to initial the labels during the next appointment.</p>	1-8-26

	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—A bottle of OTC Ginko Biloba 60mg capsules observed in resident medication bin without a label; The physician order dated 12/09/2025 specifies “Ginko Biloba 120mg capsule, one daily.” Medication available does not match the physician 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>Following the annual inspection, I immediately removed the unlabeled Ginko Biloba from the resident's medication bin. I contacted the PCP to verify intended medication dosage and any changes. Once verified, I promptly labeled the medication with resident's name, drug name and strength, and for the mean time, I taped it on the medication bottle. I will bring the medication label to have it signed during the next scheduled doctor's appointment. I reinforced labeling protocols with substitute caregivers to prevent future occurrences and emphasized the importance of verifying medications before placing in the residents' medication bin.</p>	<p>3/4/26</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—A bottle of OTC Ginko Biloba 60mg capsules observed in resident medication bin without a label; The physician order dated 12/09/2025 specifies “Ginko Biloba 120mg capsule, one daily.” Medication available does not match the physician order.</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>After each medical appointment, I will review the physician's notes to verify that all medication orders are accurately documented prior to departing from the doctor's office. Additionally, I will create a reminder note and attach it to the patient's chart to ensure this task is consistently completed.</p>	1-8-26

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JAN 30 2026

	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—The Medication Administration Record (MAR) lists “Advil 200mg, 1 tablet for pain and fever,” and a corresponding OTC medication bottle was observed in medication bin. However, no documented physician order available for review and the current physician order dated 12/09/2025 do not include Advil as an authorized medication.</p> <p><i>Please provide a clarified physician’s order with Plan of Corrections (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>After the annual inspection, I called the PCP of Resident # 1 to obtain a relevant order for Advil and documented it on the Physician Notes. (Attached is the copied Physician Notes for the clarified order)</p>	<p>3/4/26</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—PRN indication, frequency, and dose of administration for physician order “Tylenol as needed,” dated 05/13/2025, 09/02/2025, and 12/09/2025 not available. There is no documented clarification of the incomplete order.</p> <p><i>Please clarify order and submit documentation with your 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>I contacted the PCP and obtained clarification on the intended frequency, instructions for when and how the Tylenol should be administered. I recorded the clarified medication order in the Physician Notes, noting the date, and time. I updated the resident's MAR reflecting the clarified order including dose, frequency and any specific instructions. I informed all sub caregivers on the updated PRN medication order.</p>	3/3/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1—No documentation of medication reevaluation was available for the period between August 2024 and May 2025. Additionally, the August 2024 reevaluation did not include a specified date for the next scheduled evaluation.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1—No documentation of medication reevaluation was available for the period between August 2024 and May 2025. Additionally, the August 2024 reevaluation did not include a specified date for the next scheduled evaluation.</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>I will conduct periodic training sessions with sub caregivers emphasizing the importance of thorough documentation and adherence for medication reevaluation.</p> <p>I will perform routine check on resident's records to identify my lapses in documentation.</p> <p>I will assign sub caregiver Jerwin to be responsible for initiating and completing medication reevaluation</p>	3/4/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1—The May 2025 MAR shows that from 05/19/2025 to 05/31/2025, none of the ordered medications were initialed as given, held, or refused by the resident.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1—There was no record available for the January, March, April, and June 2025 MAR to confirm if ordered medications were given, held, or refused by the resident.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1—There was no record available for the January, March, April, and June 2025 MAR to confirm if ordered medications were given, held, or refused by the resident.</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>I have implemented a reminder system to verify and sign off all medication administrations promptly on the MAR, on the medication cabinet wall. Additionally, I will conduct a retraining sessions with all sub caregivers to ensure proper documentation of medication administration. Furthermore, I will perform weekly audits of the MAR prior to monthly charting to ensure accuracy and compliance.</p>	<p>1-29-26</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 #3—No primary caregiver assessment was completed following readmission on 12/03/25.</p> <p>Resident #4— No primary caregiver assessment was completed following readmission on 06/13/25.</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>For Resident #3 (EG) and Resident # 4 (AW), I completed the admission assessment form immediately following the annual inspection. I discussed the form with the POA of both patients who subsequently reviewed and signed the form. The completed form is now filed securely in the patients' chart.</p>	<p>3/4/26</p>

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MAR 04 2026

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<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 #3—No primary caregiver assessment was completed following readmission on 12/03/25. Resident #4— No primary caregiver assessment was completed following readmission on 06/13/25.</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>For future admissions, I will gather all necessary documentations required for admission to the care home and provide a copy of the checklist to SCG to ensure completeness. Subsequently, I will schedule the admission appointment. I will verify that all forms and documents are completed and properly signed. By using above information, I will complete the caregiver assessment forms. I will then review all completed documents with the POA. Both the PCG and POA will sign the documents, which will then be filed securely in the client's chart.</p>	<p style="text-align: center;">1-8-26</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)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #4—No current annual physical exam available for review. Last documented annual physical exam dated on 05/06/2024.</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>After the annual inspection, I verified the resident record to confirm that the last Physical Exam was indeed May 2024.</p> <p>I called the PCP office for an immediate appointment for a Physical Exam - which is Feb. 3, 2026. After the appointment, I doubled checked that the record reflects the most recent date.</p> <p>Completed Physical Exam document is now filed in the client's chart.</p> <p>I set a reminder or alert in my calendar to prevent future lapses.</p>	3/4/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #4—No current annual physical exam available for review. Last documented annual physical exam dated on 05/06/2024.</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>I plan to establish a standardized follow up process with the PCP office to verify receipt of the Physical Exam results. Additionally, I will set reminders to periodically check that all necessary documentation has been received and properly recorded in the resident's file.</p>	1-29-26

	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—No documentation was available in the 2025 monthly progress notes regarding resident's response to medication. Additionally, the resident's Lisinopril dosage was increased from 5 mg to 10 mg, but there is no record of response to medication increase.</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #4—No incident report was available for review regarding 06/10/25 discharge to acute care facility.</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>Following the annual inspection, I promptly completed and filed an incident report in accordance with the care home log.</p>	<p>1-7-26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #4—No incident report was available for review regarding 06/10/25 discharge to acute care facility.</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>I will review with sub caregivers the process of immediate incident reporting, following the forms given by DOH. This include training on accurate and timely documentation and reporting immediately after significant events.</p> <p>I will conduct periodic audits of logs and reports to ensure compliance.</p>	1-10-26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #5 and #6—The resident registry did not include documentation of the residents' condition at time of discharge.</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>Immediately following the inspection, I documented the resident's condition at the time of discharge from the Care Home in the Registry.</p>	1-8-26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #5 and #6—The resident registry did not include documentation of the residents' condition at time of discharge.</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>I will periodically conduct regular training sessions for sub caregivers on documentation standards. I will be responsible to review and verify completion of all necessary fields for the discharge documentation. I will use my calendar reminder or my phone alarm to alert me for timely documentation.</p>	<p>3/4/26 3/4/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #2 and #3—At start of inspection, caregiver verbalized that residents' binder were not at the facility. The issue was corrected during the inspection.</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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 and #3—At start of inspection, caregiver verbalized that residents' binder were not at the facility. The issue was corrected during the inspection.</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>I have scheduled in my calendar to perform charting during the last week of each month at the Quinabo ARCH#1 facility, ensuring that charts are maintained on-site for easy access and availability at all times.</p>	<p>1-10-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1) Resident #2 and #3—The resident registry was not updated to reflect two (2) recent admissions. 2) Resident #3—The resident registry did not reflect the discharge to acute facility on 11/30/2025 or the date of readmission back to the facility on 12/03/2025. 3) Resident #4—The resident registry did not reflect discharge date to acute care facility on 06/10/2025 or date of readmission back to facility on 06/13/2025. 	<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 documented the corrected updates for Residents #2,#3, and #4 in the registry following the inspection.</p>	<p style="text-align: center;">1-8-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1) Resident #2 and #3—The resident registry was not updated to reflect two (2) recent admissions. 2) Resident #3—The resident registry did not reflect the discharge to acute facility on 11/30/2025 or the date of readmission back to the facility on 12/03/2025. 3) Resident #4—The resident registry did not reflect discharge date to acute care facility on 06/10/2025 or date of readmission back to facility on 06/13/2025. 	<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>I developed a Discharge, and Re-admission Checklist to be utilized as needed in relevant situations.</p>	1-8-26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #2 and #4—No documented rate of service or other related charges observed in signed policy.</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 contacted the agents holding the power of attorney for each patient 's finances and discussed the service rates at the Care Home. I documented the agreed upon rates on the GOP and will have them sign it during their next visit to the Care Home.</p>	1-8-26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #2 and #4—No documented rate of service or other related charges observed in signed policy.</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>I will complete the GOP in advance and discuss the applicable rates with the agents holding power of attorney on the day of admission. I will have the POA sign the GOP along with the PCG. One copy of the GOP will be provided to the family, while the other will be filled in the client's chart.</p>	1-10-26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #3—Signaling device at bedside was not functioning properly. Works intermittently, responding only once in every seven (7) to ten (10) tries.</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 provided another signaling device at bedside immediately.</p>	<p>1-7-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #3—Signaling device at bedside was not functioning properly. Works intermittently, responding only once in every seven (7) to ten (10) tries.</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>I explained to SCG the importance of positioning signaling devices mat their designated locations and emphasized the necessity of continuous monitoring by pressing each device at least twice daily. Additionally, I will maintain an extra device on hand for immediate use if needed.</p>	<p>1-7-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1—Evidence of pneumococcal vaccine unavailable for review.</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 called the PCP for an order of Pneumococcal Vaccine.</p>	1-13-26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1—Evidence of pneumococcal vaccine unavailable for review.</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>I will implement a checklist schedule, setting timely reminders to conduct regular audits of residents' vaccination record and coordinating closely with healthcare providers to confirm vaccination appointments are scheduled and completed on time.</p>	1-29-26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services</u>, (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Annual physical and dental examinations;</p> <p><u>FINDINGS</u> Resident #1—No documentation was available showing arrangements for an annual dental examination was made. The resident's records indicate the presence of partial dentures.</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 contacted the patient's daughter to assist in selecting an appropriate dental provider for the patient.</p>	<p style="text-align: center;">1-10-26</p>

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JAN 30 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Annual physical and dental examinations;</p> <p><u>FINDINGS</u> Resident #1—No documentation was available showing arrangements for an annual dental examination was made. The resident’s records indicate the presence of partial dentures.</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>I plan to set a regular reminders in my calendar, maintain close communication with the dental provider for upcoming visits, and conduct periodic reviews of the patient's dental care plan to prevent any missed sessions.</p>	1-10-26

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JAN 30 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #1—No documentation available to confirm that a flu vaccine was administered to the 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 contacted Longs Manana in Pearl City and requested a copy of the recent flu shot given in September 2025.</p>	<p>1-30-26</p>

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JAN 30 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #1—No documentation available to confirm that a flu vaccine was administered to the resident.</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 ensure I do not miss the flu vaccination, my future plan includes setting timely reminders in my calendar , conducting regular audits of resident vaccination records, and coordinating closely with health care providers to confirm vaccination appointments are scheduled and completed on time.</p>	1-29-26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><u>FINDINGS</u> Resident #1—No documentation was available to verify that a physician visit occurred every four (4) months during the period from August 2024 to May 2025.</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 conducted the Resident #1 PCP to obtain copies of physicians visits from our routine appointments. Filed all documents on Resident #1 chart.</p>	<p>1-8-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><u>FINDINGS</u> Resident #1—No documentation was available to verify that a physician visit occurred every four (4) months during the period from August 2024 to 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>I created a checklist to be reviewed before and after each appointment including specific step to request and receive the physician notes. If physician notes are not ready after the visit, I will establish routine follow up by contacting the physician's office shortly after each appointment to confirm that the notes have been sent to my address or for me to pick up.</p>	1-29-26

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JAN 30 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> SCG #2—No documentation was available to verify that the case manager provided training to the substitute caregiver for expanded resident #1</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 reviewed the patient's chart and contacted the Case Manager to schedule a training session for Substitute #2 to properly implement the Care Plan for Patient #1. Scheduled Training: January 20,2026</p>	<p>1-10-26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> SCG #2—No documentation was available to verify that the case manager provided training to the substitute caregiver for expanded resident #1</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>I will review the care plan thoroughly to determine if any additional assistance or specialized training is necessary for patient care. I will coordinate with Case Manager to arrange training sessions for the substitutes regarding Care Plan, and I will document and file all related documentation in the resident's chart.</p>	1-10-26

Licensee's/Administrator's Signature: *Jesusa G. Quinabo*

Print Name: Jesusa G. Quinabo

Date: 01/30/2026

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JAN 30 2026

