

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J.B.M. ARCH	CHAPTER 100.1
Address: 94-1282 Hiapaiole Place, Waipahu, Hawaii 96797	Inspection Date: May 30, 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>§11-100.1-15 <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><b><u>FINDINGS</u></b> Resident #1- Physician ordered on 4/18/25 for Benzonatate 200 mg Take 1 capsule by mouth 3 times daily PRN for cough; however, there was no documented evidence that the medication was made available and was not transcribed in the April 2025 and May 2025 medication administration records (MAR).</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>I wrote the Benzonatate 200 mg Take 1cap by mouth 3x daily PRN for cough to my MAR record after my inspection.</p>	<p>May 30,</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: *J. B. Mendoza*

Print Name: Janette B. Mendoza

Date: Jun 14, 2025

Licensee's/Administrator's Signature: *Janette B. Mendoza*

Print Name: Janette B. Mendoza

Date: Jun 14, 2025

*Janette B. Mendoza*

Janette Mendoza

Aug 19, 2025