

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J.C.	CHAPTER 100.1
Address: 203 Awa Place, Kihei, Hawaii, 96753	Inspection Date: June 24, 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> (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 - Medication label reads "Divalproex 250mg tablet, 1 tab PO qHS, May give 1 extra tablet at night & 1 tablet as needed every morning due to agitation." Advanced Practice Registered Nurse (APRN) order and June 2025 medication administration record (MAR) does not contain "as needed" (PRN) indication.</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> <ul style="list-style-type: none"> - contacted provider -obtained indication for PRN order - Provider reviewed and signed orders 	<p style="text-align: center;">6:27/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 - Medication label reads "Divalproex 250mg tablet, 1 tab PO qHS, May give 1 extra tablet at night & 1 tablet as needed every morning due to agitation." APRN order and June 2025 MAR does not contain PRN indication.</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>Contacted provider, informed needed to specify indication for PRN Divalproex 250mg. Provider ordered new order for Divalproex 250mg PRN for agitation. Compared new order to medication label. Ensured order and medication label and MAR match.</p> <p>In the future to prevent recurrence will have another care giver (sub) provide double check of medication orders, medication labels and MAR all contain matching PRN orders monthly.</p>	<p style="text-align: center;">5 11 15</p> <p style="text-align: right;">7/11/2025</p>

Licensee's/Administrator's Signature: *Catalina Garcia*

Print Name: Catalina Garcia

Date: Jul 3, 2025

Licensee's/Administrator's Signature: Catalina Garcia

Print Name: CATALINA GARCIA

Date: 7/11/2025

25 JUL 11 2025