

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaamilo Hale	CHAPTER 100.1
Address: 98-570 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: October 17, 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).

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	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 – Physician’s order dated 9/16/25 states, “Refresh tears 0.5%, instill 1 drop Both eyes BID and PRN BID 1 drop Both eyes *May self -administer”; however, medication label states, “Refresh Tears 0.5% - Instill 1 drop into both eyes QD PRN”. Medication label does not reflect physician’s order.</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>Updated labeled medication was in our extras med bin in med cabinet, placed correct labeled eye drops in residents bin with correct label</p>	<p>10/17/25</p>

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☒	<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 – Physician’s order dated 9/16/25 states, “Refresh tears 0.5%, instill 1 drop Both eyes BID and PRN BID 1 drop Both eyes *May self-administer”; however, medication label states, “Refresh Tears 0.5% - Instill 1 drop into both eyes QD PRN”. Medication label does not reflect physician’s 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>Effective immediately, the RN/Administrator/designee will verify that every medication has a physician or APRN order, pharmacy label, and MAR entry that all match exactly for medication name, strength, route, frequency, PRN versus scheduled use, and “may self-administer” status before the medication is placed in the medication cart or administered. Whenever a physician changes a dose, frequency, route, or PRN indication, the RN/Administrator or designee will request an updated label from the pharmacy or apply an order-change sticker with the new instructions, and the medication will not be given until the physician order, label, and MAR all match. To prevent recurrence, we will use a Medication Order–Label–MAR Verification Checklist that includes confirmation that medication details all match the current physician order; this checklist will be completed after every medication changes. A written reminder note with the wording “Verify MD order = label = MAR and apply order-change sticker when orders change” is posted inside the medication binder, and a recurring monthly phone calendar alert will remind the RN and PCG to complete the checklist and review labels. All medication staff received an in-service on this procedure, along with confirming any refills have the matching order label and if not, confirm order and apply the change order sticker, prior to placing in the med cabinet</p>	<p>10/17/25</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 #2 – Physician’s order dated 11/22/2024-present states, “Zanthosyn 12.5mg-take 1 cap daily.”, however per MAR and medication bottle label, 12mg is being administered.</p> <p>Submit a copy of updated medication order with plan of correction. Zanthosyn 12mg.</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>Confirmed with prescribing provider that the correct dosage is Zanthosyn 12 mg once daily, not 12.5 mg. The medication was being administered correctly; however, the written order was inaccurate. The provider issued an updated order reflecting 12 mg daily, and the MAR and resident record have been corrected to match.</p>	<p style="text-align: center;">10/20/25</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 #2 – Physician’s order dated 11/22/2024-present states, “Zanthosyn 12.5mg-take 1 cap daily.”, however per MAR and medication bottle label, 12mg is being administered.</p> <p>Submit a copy of updated medication order with plan of correction.</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>Error arose because the physician was documenting the medication inaccurately on AVS/progress notes, which created conflicting information between the orders, the MAR, and the after-visit summary. after every physician visit, the RN/PCG or designee compares the progress notes/after-visit summary to the current signed physician orders and MAR, and if any wording in the progress note does not match the active order, the physician is contacted for clarification and the progress note is stamped with a red stamp that states “NOT ORDERS” so staff do not treat the progress note as a medication order. As a reminder tool, I added checklist that after-visit summaries and progress notes that include medication information are to be reviewed against the orders and stamped “NOT ORDERS” when appropriate; A MD appt checklist has been completed and after MD visits, documents are to be reviewed thoroughly. I also set a recurring phone calendar reminder for the RN/PCG to perform this review after each MD visit and to complete the monthly checklist, and I educated staff during an in-service that any discrepancy between progress notes and orders must be reported to the RN/Administrator for clarification before medications are given.</p>	<p>10/20/25</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 – No documented evidence that the fluid restrictions order (9/16/25) “Max 16 oz fluid with dinner” is being provided as ordered</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>Confirmed with caregiving staff that resident’s fluid restriction of maximum 16 oz with dinner was being followed but had not been consistently documented. Documentation has now been added to the resident’s MAR and daily care record to reflect compliance with provider’s order. Staff were educated on the importance of recording fluid restrictions in MAR to ensure accurate and ongoing monitoring.</p>	10/17/25

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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 – Physician’s order dated 12/15/24-3/18/25 states, “VITAMIN B12 1000mcg”; however, frequency of administration not provided</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>All new and renewed physician orders will be reviewed by the PCG or nurse upon receipt to confirm that the dosage, route, and frequency are clearly specified before being transcribed onto the MAR. Any incomplete or unclear orders will be immediately clarified with the provider prior to implementation. Monthly chart audits will include verification that all active medication orders include complete instructions. Staff were re-educated on the importance of ensuring every medication order includes frequency before administration.</p>	10/17/25

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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 – Per MAR, from 12/15/24-3/18/25, “Melatonin 3mg tablets Give 1 tab PO QHS PRN insomnia” was made available without a physician’s order</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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<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>FINDINGS Resident #1 – The daily dose of the following medications were not administered on 9/26/25: Citalopram, Gabapentin, Tylenol (HS dose), Melatonin (PM dose)</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>§11-100.1-17 <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 – Observed response to medication unavailable in 10/2024 and 11/2024 monthly progress notes</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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<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 – Observed response to medication unavailable in 10/2024 and 11/2024 monthly progress notes</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>PCG was re-educated on the requirement to document observed medication responses in the end-of-month progress summary and/or ongoing progress notes. A second person will perform review audits on all monthly summaries for completion prior to filing to ensure that medication responses are consistently documented and signed.</p>	10/17/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1,2 – Current annual dental exam unavailable</p> <p>Submit a copy with plan of correction.</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>Confirmed with resident family of dental exam. Placed progress note in chart of the date and requested record from dentist .</p>	<p>10/24/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1,2 – Current annual dental exam unavailable</p> <p>Submit a copy with plan of correction.</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>designated staff will continue to maintain a yearly medical and dental appointment log for all residents, including due dates for required annual exams. Caregivers and families were educated to retain completed copies of exam reports, and placed in the resident's record to maintain compliance with annual health requirements. Reminder notes were added to the medical appointment tracker to ensure documentation retention of future annual exam.</p>	<p>10/24/25</p>

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Licensee's/Administrator's Signature: kristy vascovich

Print Name: kristy vascovich

Date: 11/07/25

Licensee's/Administrator's Signature: kristy vascovich

Print Name: kristy vascovich

Date: 12/02/25