

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Macrina Castillo (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1789 Piikea Street Honolulu, Hawaii 96818	Inspection Date: May 9, 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: Acetaminophen ES 500 mg Take 2 tablets PO 2 times a day; however, physician order on 8/9/24 written as Tylenol ES 500 mg tablet Take 2 tablets orally 2 times a day, then take 1 tablet orally once a day PRN pain or fever. The medication label and physician order do not match.</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 will double check make sure that medication label and medication order match before placing the medication in the medication cabinet.</p> <p>I called the doctor and verify the order, then changed the medication order to Acetaminophen ES 500mg take 2 tablets PO 2 times a day</p>	<p>05/09/25</p>

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	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 ordered on 8/9/24 Trazodone HCl 150 mg Take 1 tablet orally once a day for insomnia, may also give ½ tablet at bedtime as needed for sleep. The May 2025 medication administration record (MAR) was written as Trazadone 50 mg take 3 tabs PO at HS. Physician order and MAR do not match.</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 will double check make sure that medication order and MAR match before placing the medication in the medication cabinet.</p> <p>I called the doctor to verify the order , then changed the medication order to Trazadone 50mg take 3 tabs PO at HS. May also take Trazadone 50mg 1/2 tab PO once a day prn insomnia</p>	<p>05/09/25</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 ordered on 8/9/24 Trazodone HCl 150 mg Take 1 tablet orally once a day for insomnia, may also give ½ tablet at bedtime as needed for sleep. The May 2025 MAR was written as Trazadone 50 mg take 3 tabs PO at HS. Physician order and MAR do not match.</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 remind myself in the future, I made a note posted in my medication cabinet and note on my MAR cover. "Make sure physician order and MAR match."</p>	05/09/25

	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 #2, no documented evidence of an annual re-evaluation for tuberculosis result, last result was on 4/2/24.</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>During the office visit, per daughter she presented the PE form and the TB Risk assessment to the doctor. Doctor did the PE but forgot to order the CXR which caused the delay. It has been resolved. Result attached</p>	06/03/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p>FINDINGS No documented evidence that smoke detectors were tested from December 2024 to April 2025.</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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Licensee's/Administrator's Signature: CARE HOME MACKY

Print Name: CARE HOME MACKY

Date: Jun 25, 2025

CARE HOME MACKY

CARE HOME MACKY

Aug 25, 2025