

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Magaoay, Shirley (ARCH)	CHAPTER 100.1
Address: 1529 Leilani Street, Honolulu, Hawaii 96819	Inspection Date: November 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
☒	<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 2/25/25-present states, “Escitalopram Oxalate 10mg Tab TAKE 1 TABLET BY MOUTH EVERY DAY”; however, per medication administration record (MAR), from 2/25/25-present, “Escitalopram 5mg tablet 1 tablet every day” is being administered. Dosage administered does not reflect physician’s order.</p> <p>Submit a copy of revised MAR 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>Resident #1 corrected 11/19/2025 Revised Medical Administration Record to reflect doctor's order and progress note. 2/25/2025 Escitalopram 5 mg tablet every day increased to 10 mg tablet every day. Medication administered 10 mg tablet from 2/25 to present. Attached: Revised copy of MAR</p>	<p>11/19/25</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 – Physician’s order dated 2/25/25-present states, “Escitalopram Oxalate 10mg Tab TAKE 1 TABLET BY MOUTH EVERY DAY”; however, per medication administration record (MAR), from 2/25/25-present, “Escitalopram 5mg tablet 1 tablet every day” is being administered. Dosage administered does not reflect physician’s order.</p> <p>Submit a copy of revised MAR 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>11/19/25 Resident #1 I will ensure to record in the MAR right away doctor's new order of medication, include date, new dosage and frequency. A reminder memo is kept in the resident's folder to record in the MAR right away the doctor's new order of medication, include date, new dosage and frequency .</p>	11/19/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Current annual influenza vaccination unavailable</p> <p>Submit a copy of immunization record or declination statement 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>11/19/25 Resident #1 Encouraged again to get flu shot, pneumococcal vaccine, influenza vaccine but she refused. Attached: Vaccine administration record Attached: A declination statement to receive flu shot, pneumococcal vaccine, influenza vaccines.</p>	<p>11/19/25</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)(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 – Monthly progress notes do not include resident's observed response to medications</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 – Monthly progress notes do not include resident's observed response to medications</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>11/19/2025 Resident #1 In the future, I will record monthly or more often any observation of the resident's response to medication, treatments, diet, care plan and changes in condition, indication 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. Marked in calendar. Review guidelines in recording progress notes quarterly - Jan.15, Mar. 15, Jun. 15, Sep. 15</p>	11/19/25

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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 – Current annual dental exam unavailable</p> <p>Submit a evidence of completed annual dental exam 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>Corrected Nov. 20, 2025 Resident #1 Obtained a copy of last dental visit on July 10, 2025 for Resident #1. Reminder created to bring physicians record to every visit and file in folder directly after visit. Marked in calendar to review guidelines -- physician record filled and signed by doctor at every visit.</p> <p>Attached: Dental visit and clearance for 2025</p>	11/20/25

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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 – Current annual dental exam unavailable</p> <p>Submit a evidence of completed annual dental exam 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>Corrected Nov. 20, 2025 Resident #1 Reminder created to bring physicians record to every visit. Make sure doctor's note is signed, dated and filed in folder directly after visit.</p> <p>Marked in calendar to review guidelines -- physician record filled and signed by doctor every visit and filed in folder after visit.</p>	<p>11/20/25</p>

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Licensee's/Administrator's Signature: Shirley Magaoay

Print Name: Shirley Magaoay

Date: 11/27/25