

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Medy's ARCH II	CHAPTER 100.1
Address: 1229 Ala Pili Loop, Honolulu, Hawaii 96818	Inspection Date: June 12, 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><u>FINDINGS</u> Resident #1 – Physician’s order dated 6/2/25 states, “Debrox ear drops both ears as needed for wax”; however, order does not include dosage to administer. Medication order incomplete.</p> <p>Submit a copy of updated order 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 style="text-align: center;"><i>Order for Debrox with dosage and frequency obtained 6/18/25. Updated and corrected order (copy) attached.</i></p>	<p><i>6/18/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications, (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 - Physician's order dated 6/2/25 states, "Debrox ear drops both ears as needed for wax"; however, order does not include dosage to administer. Medication order incomplete.</p> <p>Submit a copy of updated order with plan of correction.</p>	<p align="center">PLAN OF CORRECTION</p> <p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. In the future I will read the dr's order before the ordering physician leaves the room. 2. If the order is incomplete, I'll politely ask the doctor to clarify, write down the order with dosage and frequency included. 3. When entering the order in the MTR, I'll check to it that order is complete with dosage and frequency included. 4. If unable to do #1, I'll inform the dr's office by calling or sending a faxed message to pls. re-write the order & obtain a complete dr's order. * 5. ^(Refer to att attachment #2) I'll create an "After Dr's/Clinic Visit" Checklist and place it on the front cover of the resident's folder, to be utilized for every Clinic visit to include the ff. <p align="center">(Continued on next page #3)</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 - Physician's order dated 6/2/25 states, "Debrox ear drops both ears as needed for wax"; however, order does not include dosage to administer. Medication order incomplete.</p> <p>Submit a copy of updated order with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>(Continuation)</i></p> <ol style="list-style-type: none"> 1. Reviewed current written order of the Dr. or Office Nurse 2. Note/flag new orders. New order to include name of medication, dosage, frequency, route. 3. Timeline for lab. work ups to be done if ordered. 4. Dr's signature 5. Compare printed "After Visit Summary" Medication/Rx order w/ the written/ copied order. 6. Next F/U scheduled visit entered in the calendar. 	<p style="text-align: right;">25 MIS - 500 92</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 4/29/25 states, “Quetiapine 25mg. 1 tab po in the evening, May give addtn’l ½ p.o. PRN agitation”; however, MAR shows from 4/29/25 to present, “Quetiapine 25mg 1 ½ tabs daily in the evening may give additional ½ tab PRN for agitation” is being administered and made available. Dosage amount being administered exceeds physician’s order.</p> <p>Submit a copy of updated order or revised medication administration record (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><i>“After Visit Summary” on 4/29/25, “Medication Order” by attending physician “Quetiapine (Serquel) 25 mg. oral tab., Take 1 and a half tab. q by mouth daily at bedtime.” P/s. see attached copy of order.</i></p> <p><i>However, writer made a mistake when updating the order, wrote 25mg. 1 tab. instead of 1 ½ tab.</i></p> <p><i>Corrected the updated written order by crossing out/encircling the 1 mg. written, initialed and entered 1 ½ tab. instead on 6/12/25 immediately after going thru the order again. “Copy of corrected copy/updated order attached.”</i></p>	<p style="text-align: right;">6/12/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (c) 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 – Physician's order dated 4/29/25 states, "Quetiapine 25mg. 1 tab po in the evening. May give addtn 1 ½ p.o. PRN agitation"; however, MAR shows from 4/29/25 to present, "Quetiapine 25mg 1 ½ tabs daily in the evening may give additional ½ tab PRN for agitation" is being administered and made available. Dosage amount being administered exceeds physician's order.</p> <p>Submit a copy of updated order or revised medication administration record (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>1. In the future when writing/updating "Medication Orders" I'll check the order 2-3x to make sure that printed "Medication Orders" are copied/correctly and the same as the printed order or "After Visit Summary," medications ordered that day.</p> <p>2. Before writing/printing the "written/updated order," I'll go over all the medication orders, note down changes in the dosages + frequency if any.</p> <p>3. I'll compare the written order against the printed order from the Dr's. office or "After Visit Summary" to make sure that they match or copied correctly.</p> <p>4. ^(Refer to pg 4 for attachments) I'll create a reminder "Medication/Treatment Checklist" to be utilized before a "Doctor/Clinic Visit" to include the H.</p> <p>(Continued on next page)</p>	

DR M... 0113

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 – Physician's order dated 4/29/25 states, "Quetiapine 25mg. 1 tab po in the evening. May give addtn 1 ½ p.o. PRN agitation"; however, MAR shows from 4/29/25 to present, "Quetiapine 25mg 1 ½ tabs daily in the evening may give additional ½ tab PRN for agitation" is being administered and made available. Dosage amount being administered exceeds physician's order.</p> <p>Submit a copy of updated order or revised medication administration record (MAR) with plan of correction.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>(Continuation)</i></p> <ol style="list-style-type: none"> 1. Recent orders/changes brought forward in the current updated written/copied (correctly) in the updated order. 2. Updated order compared to past order written and copied correctly as ordered. 3. Updated "After Visit Summary" printed from the Dr's office and updated copied written order and signed by the dr. are the same. 	<p align="right">25 APR 2025</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 6/12/24 stated, “1. D/C Ensure, 2. Give Premier Prot 1-2 cans daily per patient’s preference to supplement diet”; however, per MAR, Ensure continued to be administered twice daily from 6/13/24-6/30/24 despite discontinuation order</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>	<p style="text-align: right; vertical-align: bottom;">6/27/24 10:00 AM</p>

	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>FINDINGS Resident #1 – Physician's order dated 6/12/24 stated, "1. D/C Ensure, 2. Give Premier Prot 1-2 cans daily per patient's preference to supplement diet"; however, per MAR, Ensure continued to be administered twice daily from 6/13/24-6/30/24 despite discontinuation 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><i>In the future to prevent this from happening again, I shall do the following-</i></p> <ol style="list-style-type: none"> 1. I shall carry out the dr's order right away or tag it, document in the MAR (flowsheet) and enter the date order was changed/ discontinued and enter the new order as needed 2. I will inform/instruct my staff of the change, to mark & monitor flowsheet correctly. 3. When writing the "Monthly Nursing Progress Report", I'll go over most current Dr's visits/orders done during the month, note down the meds/supplements discontinued/ changed & entered w/ new order carried out as reflected in the flowsheet. * 4. I'll create a reminder "Dr's Order Carry out Checklist" to be utilized when carrying out a Dr's order. Checklist to include the ff <ol style="list-style-type: none"> 1. Order signed by the Dr. 2. Discontinued/changed order marked/flagged in the MAR flowsheet w/ date. 3. Current order/new order entered in the MAR flowsheet. (continued) 	<p style="text-align: right;">25 MIS-4</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 – Physician’s order dated 6/12/24 stated, “1. D/C Ensure, 2. Give Premier Prot 1-2 cans daily per patient’s preference to supplement diet”; however, per MAR, nutritional supplement was not administered until 7/1/24.</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>	<p style="text-align: right;">6/12/24</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 – Physician's order dated 6/12/24 stated, "1. D/C Ensure, 2. Give Premier Prot 1-2 cans daily per patient's preference to supplement diet"; however, per MAR, nutritional supplement was not administered until 7/1/24.</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><i>(Continuation)</i></p> <ol style="list-style-type: none"> 3. Current order/new order entered in the MAR flowsheet with the date when initiated 4. New order noted in the "Nurses Progress" notes. 5. Substitute caregiver informed of the new order and instructed. 6. Substitute caregiver instructed to mark/sign MAR flowsheet correctly. 	<p style="text-align: right; vertical-align: bottom;">25 APR 2024</p>

	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>FINDINGS Resident #1 – Physician’s order dated 6/12/24 to present stated, “1. D/C Ensure, 2. Give Premier Prot 1-2 cans daily per patient’s preference to supplement diet”; however, protein powder is being provided to resident and without dosage administered documented.</p> <p>Submit a copy of physician’s order for protein powder and a copy of revised MAR to include dosage administered 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><i>Order for Protein Powd. w/ instruction obtained and signed/physician on 6/18/25.</i></p> <p><i>(Copy of order attached)</i> <i>(Copy of revised MAR attached)</i></p>	<p style="text-align: center;"><i>6/18/25</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (e)</u> 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>FINDINGS Resident #1 – Annual dental exam unavailable for review.</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><i>Obtained "Authorized letter" from son/POA to defer "Annual Dental" check up and any dental issues shall not to be addressed as they arise. Documented last dental check up done 1/13/24 for complaint of lump and jaw pain.</i></p> <p><i>"Copy of "Authorization letter" attached."</i></p> <p><i>"Copy of 1/13/24 Dental visit attached"</i></p>	<p><i>6/12/25</i></p> <p><i>6/12/25</i></p>

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Licensee's/Administrator's Signature: Mediatrix De Lara

Print Name: MEDIATRIX DE LARA

Date: 6/20/25

25 JUN 25 10:56 AM '25

Licensee's/Administrator's Signature: Medatrix De Lara

Print Name: MEDATRIX DE LARA

Date: 8/1/25

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EQUINE