

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Malama Care Home	CHAPTER 100.1
Address: 590 Kapiolani Street, Hilo, Hawaii 96720	Inspection Date: November 13, 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).

RECEIVED

DEC 10 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Valid first-aid certification 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>Human Resources sent the current available class listings to the team member. Team member signed up for class scheduled on 11/25/25 at 1745. Copy of confirmation of registration attached Class completion will be sent post completed.</p>	11/25/25

RECEIVED

DEC 10 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Valid first-aid certification 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>The ARCH administrator will audit all ARCH caregivers for 1st aid certification annually.</p> <p>The ARCH administrator will create a checklist for upcoming 1st aid renewals for all ARCH employees.</p> <p>Reminder to be posted in med room</p>	<p>12/09/25</p>

RECEIVED

DEC 10 2025

	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 – Bottles of OTC medications (acetaminophen 650mg, acetaminophen 500mg, ibuprofen, and Tussin) stored unlabeled in medication inventory</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>All OTC Medications have been labeled with resident information and PRN instructions from physician has been added to the label.</p>	11/19/25

RECEIVED

NOV 20 2025

	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 – Bottles of OTC medications (acetaminophen 650mg, acetaminophen 500mg, ibuprofen, and Tussin) stored unlabeled in medication inventory</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>ARCH RN and ARCH Administrator will provide training to the staff and will review all medications brought into the ARCH are Properly labeled with the included PRN indication.</p>	11/19/25

	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 – Cup of pre-poured medication stored in resident's medication inventory</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>Education provided to the team member who had pre-poured medication.</p> <p>Discarded the pre-poured medication</p>	11/13/25

	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 – Cup of pre-poured medication stored in resident's medication inventory</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>Learning Management System training assigned to team member. Completed on 11/19/25. Attached to document</p> <p>All team members will be trained to not pre-pour medications in the Dec 2025 Team meeting</p>	<p style="text-align: center;">12/04/25</p>

RECEIVED

DEC 10 2025

	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 3/31/25-9/15/25 stated, “Ibuprofen 400mg Tablet, Sig: 1 tablet with food or milk as needed Orally Every 8 hours”; however, PRN indication was unavailable</p> <p>Resident #1 – Physician’s order dated 3/31/25-9/15/25 stated, “Acetaminophen 8 Hour 650MG Tablet Extended Release, Sig: 1 tablet as needed Orally every 6 hours”; however, PRN indication was unavailable</p> <p>Resident #1 – Physician’s order dated 5/14/25-9/30/25 stated, “guaifENesin-DM 100-10 MG/5ML Liquid: Sig: 10mL as needed Orally every 6 hrs”; however, PRN indication unavailable</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; color: blue; font-weight: bold;">RECEIVED</p> <p style="text-align: right; color: red; font-weight: bold;">DEC 10 2025</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 3/31/25-9/15/25 stated, “Ibuprofen 400mg Tablet, Sig: 1 tablet with food or milk as needed Orally Every 8 hours”; however, PRN indication was unavailable</p> <p>Resident #1 – Physician’s order dated 3/31/25-9/15/25 stated, “Acetaminophen 8 Hour 650MG Tablet Extended Release, Sig: 1 tablet as needed Orally every 6 hours”; however, PRN indication was unavailable</p> <p>Resident #1 – Physician’s order dated 5/14/25-9/30/25 stated, “guaifenesin-DM 100-10 MG/5ML Liquid: Sig: 10mL as needed Orally every 6 hrs”; however, PRN indication unavailable</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>ARCH Administrator and RN will ensure that all PRN medication is accompanied by the PRN indication.</p> <p>ARCH Administrator will create a Reminder in the medications room that all PRN's must have an indication of use.</p>	<p style="text-align: center;">12/09/25</p>

RECEIVED

DEC 10 2025

	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 5/14/25-9/15/25 stated, “prednisone 20 MG Tablet, sig: 1 tablet with food or milk Orally Once a day”; however, per MAR, medication discontinued on 5/22/25</p> <p>Submit a copy of discontinuation 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>Phone call to PCP requesting copy of discontinued order on 11/19/25 at 0835.</p> <p>Spoke to staff member who will send request to Dr [REDACTED] and APRN [REDACTED]</p> <p>Care home number given with the fax number.</p> <p>PCG picked up documentation from PCP 11/20/25 at 13:15</p>	<p>11/20/20</p>

RECEIVED
NOV 20 2025

	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 5/14/25-9/15/25 stated, “prednisone 20 MG Tablet, sig: 1 tablet with food or milk Orally Once a day”; however, per MAR, medication discontinued on 5/22/25</p> <p>Submit a copy of discontinuation 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>ARCH RN and ARCH administrator will audit to ensure that all discontinued orders are followed by a written order from MD.</p> <p>ARCH Admin will create reminder stating that all discontinued medications must be accompanied by the discontinue order</p>	12/09/25

RECEIVED

DEC 10 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Bottles of discontinued medications (acetaminophen 650mg and ibuprofen) stored in medication inventory</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>Medications were given to the Resident's Power of Attorney and removed from premises.</p>	11/19/20

RECEIVED

NOV 20 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Bottles of discontinued medications (acetaminophen 650mg and ibuprofen) stored in medication inventory</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>ARCH RN and ARCH administrator will ensure all discontinued medications be removed from premises and given to the appropriate resident designee</p> <p>Reminder note will be posted in the medication room. "Do not leave discontinued medication in the medication room."</p>	12/09/25

RECEIVED

DEC 10 2025

	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 – Various PRN medications administered from 5/2025-current do not include a response to medication after administration</p> <p>Resident #2 – Tylenol PRN administered on 8/4/25 does not include resident's response to medication</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>	

RECEIVED

DEC 10 2025

	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 – Various PRN medications administered from 5/2025-current do not include a response to medication after administration</p> <p>Resident #2 – Tylenol PRN administered on 8/4/25 does not include resident's response to medication</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>ARCH Administrator will provide Education to all Team Members during the December Team Meeting that will highlight the response to the PRN medications.</p> <p>ARCH Administrator, in collaboration, with Nurse Auditor will provide a new Legend that will include E- Effective or I - Ineffective.</p>	<p style="text-align: center;">12/04/25</p>

RECEIVED

DEC 10 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 – Monthly weight for 5/2025 unavailable</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>	

RECEIVED
DEC 10 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 – Monthly weight for 5/2025 unavailable</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>ARCH RN will ensure that all Residents will have a documented monthly weight.</p> <p>ARCH Admin will create a Reminder that all residents need a weight completed each month</p>	12/09/25

Licensee's/Administrator's Signature: Napualani Puniwai

Print Name: Napualani Puniwai

Date: 11/20/25

RECEIVED
NOV 20 2025

Licensee's/Administrator's Signature: Napualani Puniwai

Print Name: Napualani Puniwai

Date: 12/10/25

RECEIVED
DEC 10 2025