

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Precious Moment ARCH + EARCH LLC	CHAPTER 100.1
Address: 3617 Puuku Mauka Drive, Honolulu, Hawaii 96818	Inspection Date: October 22, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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 – Care plan dated 8/7/25 indicates the resident was on antibiotic Amoxicillin clavulanate 875-125 mg tablet, take 1 tab oral twice a day x 3 days for aspiration pneumonia, and substitute caregiver (SCG) #1 verified the resident was given antibiotic treatment, but no physician order was on file.</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>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 8/7/25 indicates resident was on antibiotic Amoxicillin clavulanate 875-125 mg tablet take 1 tab oral twice a day x 3 days for aspiration pneumonia, and substitute caregiver (SCG) #1 verified resident was given antibiotic treatment, but the medication was not recorded on the medication administration record (MAR).</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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	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 – Response to antibiotic treatment received in August 2025 was not recorded in the 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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the following treatments appeared on the care plan dated 3/5/25 was provided:</p> <ul style="list-style-type: none"> • Betadine 10% topical solution apply topically to affected areas on feet once a day for wounds until resolved. • Cleanse with ns, pat dry, apply calcium alginate to wound bed and secure with foam dressing. Change daily and as needed 	<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: *EVA*

Print Name: EVA ANDRES

Date: 12 | 20 | 27

Licensee's/Administrator's Signature: Honeylyne G Salomon

Print Name: Honeylyne G Salomon

Date: 01/27/2026