

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RMJ Adult Care Home Inc.	CHAPTER 100.1
Address: 99-049 Kinoole Place, Aiea, Hawaii 96701	Inspection Date: December 3, 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"/> §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.  <b>FINDINGS</b> Resident #1- Physician ordered on 11/8/25 for Bisacodyl 10 mg suppositories read, "Place 1 suppository PR if no BM x 3 days for constipation"; however, the medication label read, "Place 1 suppository PR every 12 hours as needed for constipation". The physician order and medication label do not match.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I (PCG), corrected the deficiency by writing a label into the medication bottle to match the physician order, shows correct order: Place 1 suppository PR if no BM x 3 days for constipation.</p>	12/03/25

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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><b>FINDINGS</b>  Resident #1 - Physician ordered on 11/8/25 for Bisacodyl 10 mg suppositories read, "Place 1 suppository PR if no BM x 3 days for constipation"; however, the medication label read, "Place 1 suppository PR every 12 hours as needed for constipation". The physician order and medication label do not match.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency from happening again, I as the PCG will create a checklist to ensure physician orders matches the medication labels. This checklist will be placed in my carehome binder so I can refer to this checklist when I do my monthly audit or when medications are received into the home. I will train my SCG's to do the same.</p>	12/09/25

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:  Entries describing treatments and services rendered;  <u><b>FINDINGS</b></u> Resident #1- Physician ordered on 11/8/25 for "1500 mL fluid restriction per day"; however, no documented evidence that the treatment was rendered.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I (PCG) corrected the deficiency by writing in the daily activities to add: 1500 ml fluid restriction per day and sign everyday started 12/3/25, And I post it in the front of refrigerator to remind all caregiver's for any residents fluid restriction.</p>	12/03/25

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports, (b)(4)</u> During residence, records shall include:  Entries describing treatments and services rendered;  <u>FINDINGS</u> Resident #1 - Physician ordered on 11/8/25 for "1,500 mL fluid restriction per day"; however, no documented evidence that the treatment was rendered.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will ensure that every time that there is new order regarding fluid restriction it should be documented and add on in daily activities and sign everyday, as well make a notes in front of the refrigerator for any residents fluid restriction for a reminder to all SCG's.</p>	12/03/25

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: Maricel Rosario

Date: Dec 10, 2025