

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosario <i>Rosario Arch and EArch</i>	CHAPTER 100.1
Address: 94-1134 Hapapa Street, Waipahu, Hawaii 96797	Inspection Date: September 10, 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>, (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 – Physician ordered “Melatonin 3mg tab, give 1 tab PO PRN.” No as needed (PRN) indication on medication bottle label.</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>I pick up the melatonin medicines that was called by the Doctor's in the Pharmacy. Melatonin medicationa bottle was properly label indicate PRN and use of the medication. (For Insomnia)</i></p>	<p style="text-align: right;"><i>10/21/25</i></p>

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<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 – Physician ordered “Melatonin 3mg tab, give 1 tab PO PRN.” No PRN indication on medication bottle label.</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>From now on, I will double check Doctor's order after each Doctor's visit. I will let my SCG to assist me to double check the medication bottle label indicates PRN and use the Melatonin medication for insomnia. Make sure to double check the medication label was match the Doctor's order.</p>	<p style="text-align: right;">10/21/25</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 ordered “Melatonin 3mg tab, give 1 tab PO PRN.” No PRN indication on physician medication order.</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>I obtained a Doctor's order for Melatonin 3mg tab, 1 tab po prn for insomnia. Enclosed Doctor's order dated 9/12/25</i></p>	<p style="text-align: right;"><i>10/20/25</i></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 ordered "Melatonin 3mg tab, give 1 tab PO PRN." No PRN indication on physician medication 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>From now on, I will make sure to double check the Doctor's orders after Doctor's visit. I will let my S/G to double check the MD orders to ensure that PRN and use of medications (For insomnia) was correctly documented on the Physician medication order.</p>	<p style="text-align: right;">10/20/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Melatonin 3mg tab, give 1 tab PO PRN.” No PRN indication on September 2025 medication administration record (MAR).</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>I corrected this deficiency by following the Doctor's order that was prescribed. My medication administration records reflect the Doctor's orders. For September 2025, I put the PRN and use of the medications (For insomnia) indications on the medication administration record.</i></p>	<p style="text-align: right;"><i>10/21/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Melatonin 3mg tab, give 1 tab PO PRN.” No PRN indication on September 2025 MAR.</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>From now on, I will make sure to double check Doctor's orders. I will make sure to check my MAR daily matches Doctor's order. I will let my SCG assist me to double check my MAR records is indicated the PRN and use the melatonin medications for insomnia. For Sept. 2025. SCG double check the MAR if matches the Doctor's orders.</i></p>	<p style="text-align: right; font-size: 1.5em;">10/21/25</p>

Licensee's/Administrator's Signature: Rosario Gomez

Print Name: Rosario Gomez

Date: 10/21/25

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