

1/14/26

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The ARC in Hawaii – Kamehame Home	CHAPTER 89
Address: 1019 Kamehame Drive, Honolulu, Hawaii 96825	Inspection Date: December 9, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-16 <u>Admission policies.</u> (b)(1) The caregiver shall coordinate with the division for screening, placement, and case management prior to admission.</p> <p>The case manager shall develop an individual plan with the resident, guardian, family, or significant others based upon the assessment and preferences of the resident and outcome to be achieved.</p> <p><u>FINDINGS</u> Resident #1 – In current Individualized Service Plan (ISP) dated 2/25/2025, “See attached action plan” was noted for all services. No attachment available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The "attached action plan" was included in the current ISP. See attachment 1</p>	<p>12/10/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-16 <u>Admission policies.</u> (b)(1) The caregiver shall coordinate with the division for screening, placement, and case management prior to admission.</p> <p>The case manager shall develop an individual plan with the resident, guardian, family, or significant others based upon the assessment and preferences of the resident and outcome to be achieved.</p> <p><u>FINDINGS</u> Resident #1 – In current Individualized Service Plan (ISP) dated 2/25/2025, “See attached action plan” was noted for all services. No attachment available for review.</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 DD Division changed their ISP format therefore changing where the "completed action form" information is held. The action plan will continue to remain as part of the completed action plan.</p>	12/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1 – Physician's evaluation form dated 6/23/2025 was available. Information for standard physical exam was not included. Thus, there was no annual physical exam.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The resident's physical exam was obtained and filed in their binder.</p>	<p>01/28/2026</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s evaluation form dated 6/23/2025 was available. Information for standard physical exam was not included. Thus, there was no annual physical exam.</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 home manager will use the agency's physical exam for that complies with current licensing guidelines. A copy of this form will be provided to the guardian if they choose to take the resident to their appointment. If the physician's evaluation form is utilized, the home manager is responsible for supplying the doctor's office with a consultation form that contains the standard information required for an annual exam. The Arc in Hawaii and Department of Health's Developmental Disabilities Division are collaborating to integrate the agency's annual exam requirements into the Division's physician evaluation form, which must be submitted. This initiative aims to ensure that all parties meet their respective requirements</p>	01/01/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (g)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Discharged dates for two (2) discharged residents were not recorded in Resident Register.</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>The two discharged residents were recorded in the Resident Register. See attachment 2</p>	<p>12/10/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (g)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Discharged dates for two (2) discharged residents were not recorded in Resident Register.</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 Director of Operations is responsible for ensuring admitted and discharged residents are documented in the Resident Register. The Director will either instruct the home managers to enter the dates or the director will enter the dates and give the home manager an updated form to keep on file in the home.</p>	12/31/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><u>FINDINGS</u> Resident #2 is on High Calorie, Chopped diet. There was no menu for the special diet.</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>The menu for the high calorie and chopped diet is available at the home.</p>	<p>01/01/2026</p>

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<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><u>FINDINGS</u> Resident #2 is on High Calorie, Chopped diet. There was no menu for the special diet.</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>A copy of the menu insert describing a chopped diet, which includes foods that can or cannot be chopped as well as food substitutions, was provided to the home manager for inclusion in their menu book. The home manager and staff will continue to substitute foods such as chips, pretzels, crackers and nuts for resident #2. Instead, they will offer alternatives that align with the resident's preferences while being appropriate for a chopped diet. Alternatives include yogurt, chopped fruit, muffins or other soft baked goods, gelatin (Jello), and bit-sized peanut butter and jelly sandwiches. This resident is specific about the foods they eat and will request the items listed above.</p> <p>The staff will prepare meals in accordance with the chopped diet training provided. The resident's diet order will be reviewed quarterly by their physician and adjusted as needed. If any concerns arise, the home manager will notify the nurse and follow up with the primary care provider. The nurse will continue quarterly visits to review the resident's dietary order and provide additional training as necessary.</p>	12/15/2025

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Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes, Director of Operations

Date: Jan 14, 2026