

1/15/26

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The ARC in Hawaii Project No. 10/Lusitana C	CHAPTER 89
Address: 1660-C Lusitana Street, Honolulu, Hawaii 96813	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. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Three (3) packs of water bottles were placed on the floor directly in the hallway.</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 water packs were removed from the floor and placed on a platform off the ground.</p>	<p>12/04/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Three (3) packs of water bottles were placed on the floor directly in the hallway.</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>During quarterly inspections, the service supervisor will check to ensure that no food or water is placed directly on the floor. The manager will also be reminded during their next manager's meeting in February 2026</p>	<p>12/10/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p><u>FINDINGS</u> Resident #1 – External and internal medication were stored in the same container.</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 medications were separated immediately after the discovery.</p>	12/03/2025

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p><u>FINDINGS</u> Resident #1 – External and internal medication were stored in the same container.</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>It is standard to store medications separately. Medication will continue to be stored separately when they are used or moved for any reason. The home manager will perform random checks to ensure that topical and oral medication is stored appropriately. During her quarterly visits, the nurse will also check the medication storage area and will suggest corrections as needed.</p>	<p>12/03/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Erythromycin 5mg/gm ointment PRN order did not include indication for PRN use.</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>Documentation was obtained for the medication which included the indication for use. See attachment 1.</p>	12/10/2025

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Erythromycin 5mg/gm ointment PRN order did not include indication for PRN use.</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 Nurse Manager is responsible for reviewing the physician order sheets prior to disbursement to the homes and making corrections as needed. When reviewing, the nurse manager will ensure each PRN has an indication of parameters for use when it is ordered or when a prescription is renewed. The home manager will review the physician order sheets upon receipt and will notify the nurse of any changes or omissions that need to be corrected.</p>	<p>12/10/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Current order included Erythromycin ointment. Not available at home.</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>Erythromycin was discontinued and the electronic medication record was updated. See attachment 1</p>	<p>12/10/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> Resident #2 was on "Regular, Low sodium" diet. Please clarify with physician. If the resident is on a special diet, please submit weekly menus (7 days) for department 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 regular low sodium diet was clarified to be regular "no added salt". See attachment 2</p>	<p>12/10/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> Resident #2 was on "Regular, Low sodium" diet. Please clarify with physician. If the resident is on a special diet, please submit weekly menus (7 days) for department 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 Arc in Hawaii menu was developed by a Registered Dietician following current nutrition recommendations and USDA dietary guidelines. The menu was created with the intent that it would fulfill the dietary needs of our residents. The forward also includes recommendations to ensure that sodium levels are consistent by employing recommendations such as using low sodium shoyu and rinsing canned vegetables before use. See attachment 3 and 4. Diet order equivalents are also accounted for in the menu. See attachment 5. When a substitution is made, it is anticipated that the substitute will be prepared or ordered in line with dietary orders. To assist our home managers to properly convey the attributes of our menu to the physician, they are able to print and submit or discuss with them the description of the diets. In addition, we have requested the contracted RN to review the current menu and diet types and provide recommendations if updating is necessary.</p>	<p>12/31/2025</p>

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

Print Name: Christine Menezes, Director of Operations

Date: Jan 15, 2026

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