

9/11/25

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: The ARC in Hawaii – Wahiawa B</b>	<b>CHAPTER 89</b>
<b>Address: 140 B Kuahiwi Avenue, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: August 13, 2025 Annual</b>

**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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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (a) The caregiver shall, in coordination with the case manager, arrange for resident access to medical services at all times, including emergency services. The facility shall have a written policy which specifies the procedures to be followed in medical emergencies.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No record that the resident was seen by a dentist in the past twelve (12) months.</p>	<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>The earliest appointment that the Home Manager was given was January 7, 2026</p>	08/18/2025

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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><b><u>FINDINGS</u></b> Resident #1 – Medication order included Acetaminophen 500mg tab, take 1 tab by mouth every 4 hours prn and Alprazolam 0.5mg, take 3 tabs by mouth prior to lab draw. The medication was not available at home. Refills were requested during the inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b>            Resident #1 – No current diet order.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>  <p>The diet order as been added to the resident's physical. See attachment A.</p>	<p>09/11/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5)            General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No emergency information sheet available. Caregiver printed it out and filed during the inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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

Print Name: Christine Menezes

Date: Sep 11, 2025

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