

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ulep, Juanita (ARCH)	CHAPTER 100.1
Address: 2817 Nihi Street, Honolulu, Hawaii 96819	Inspection Date: July 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"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 -- No physician order to discontinue the following medications as noted on discharge summary dated 5/14/25:</p> <ul style="list-style-type: none"> • Abilify 5 mg • Ammonium Lactate lotion 12% • Bisacodyl suppository • Tylenol 325 mg • Sorbitol Solution 70% <p><i>Submit a copy of with your plan of correction (POC).</i></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 style="text-align: center;"><i>Physician order to discontinue the following medication such as: Abilify 5mg, Ammonium Lactate Lotion 12%, Bisacodyl suppository, Tylenol 325mg, Sorbitol Solution 70% done 7/12/2025.</i></p>	<p style="text-align: center;"><i>7/13/2025</i></p>

*Ulep
APR 14*

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 Medications. (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 – No physician order to discontinue the following medications as noted on discharge summary dated 5/14/25:</p> <ul style="list-style-type: none"> • Abilify 5 mg • Ammonium Lactate lotion 12% • Bisacodyl suppository • Tylenol 325 mg • Sorbitol Solution 70% <p><i>Submit a copy of with your plan of correction (POC).</i></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>In the future, to ensure that it doesn't happen again, I have created a reminder note to write all discharge medications in the medication administration record upon re-admission. On the next physician's visit (follow-up post-hospitalization), I will have the physician review the discharge medication orders and obtain discontinue orders for medications that the resident is no longer taking.</p>	<p style="text-align: center;">10/7/25</p>

Licensee's/Administrator's Signature: *J. Alley*

Print Name: *Juanita A. Alley*

Date: *7/13/2025*

Licensee's/Administrator's Signature: 

Print Name: JUANITA ULEP

Date: October 7, 2025