

11/5/26

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Maunaloa	CHAPTER 89
Address: 24 Hoalua Street, Maunaloa, Hawaii 96770	Inspection Date: October 16, 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>§11-89-4 <u>License denial.</u> (a)(4) A license may be denied for any of the following reasons:</p> <p>Prior felony or criminal convictions in a court of law by applicant.</p> <p><u>FINDINGS</u> Caregiver #1 – No current Fieldprint result available.</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>In review of this issue, prints were received to Fieldprint for Caregiver #1 on 10/26/22 and completed on 11/11/22. In addition, prints were received to Fieldprint on 10/30/23 and completed on 1/26/24.</p> <p>Caregiver #1 did have a current Fieldprint result on file at Arc's main office, but it was not filed in the certifications binder at the residence, and therefore, not available for review by the inspector.</p> <p>The document was emailed to the residence prior to the completion of the inspection that day and is now filed in the certification binder.</p>	<p>10/16/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 - Most recent order dated 6/4/25 was</p> <p>-“Ibuprofen <u>600mg</u> Tab, Take 1 tablet by mouth 4 times a day as needed for pain.” Medication available at home was ibuprofen <u>400mg</u> tabs, take 1 tab every 6 hrs as needed for pain.</p> <p>-“Amlodipine Besylate <u>10mg</u> tab, Take 1 tablet by mouth once daily.” Medication available at home was Amlodipine <u>5mg</u> take 1 tab once daily.</p> <p>Physician’s order and medication bottle label were not consistent.</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>In review of this issue, it was identified that the physician's orders documented on the appointment slip and transcribed by the Resident Manager to the 90-day update form, did not match the medication label. The medication label and medication record were correct and the medication was being correctly administered.</p> <p>To correct this issue for Resident #1, the Resident Manager brought a revised and corrected 90-day update form to the physician for signature so the orders are consistent with the medication labels and medication record.</p> <p>All other resident's physician orders, medications, and medication records were reviewed for discrepancies and no other issues were identified.</p>	11/03/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 - Most recent order dated 6/4/25 was</p> <p>-“Ibuprofen <u>600mg</u> Tab, Take 1 tablet by mouth 4 times a day as needed for pain.” Medication administration record (MAR) listed “Ibuprofen <u>400mg</u> tab, take 1 tab by mouth every 6 hours as needed for pain, take with meal.”</p> <p>-“Amlodipine Besylate <u>10mg</u> tab, Take 1 tablet by mouth once daily.” MAR listed “Amlodipine <u>5mg</u>, take 1 tab by mouth once daily in the morning.</p> <p>Physician’s order and MAR were not consistent.</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>In review of this issue, it was identified that the physician's orders documented on the appointment slip and transcribed by the Resident Manager to the 90-day update form, did not match the medication label. The medication label and medication record were correct and medication was being correctly administered.</p> <p>To correct this issue for Resident #1, the Resident Manager brought a revised and corrected 90-day update form to the physician for signature so the orders are consistent with the medication labels and medication record.</p> <p>All other resident's physician orders, medications, and medication records were reviewed for discrepancies and no other issues were identified.</p>	11/03/2025

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Licensee's/Administrator's Signature: Valerie Sly

Print Name: Valerie Sly

Date: Nov 5, 2025