

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Hermelina Apuya (ARCH/Expanded ARCH)	<b>CHAPTER 100.1</b>
<b>Address:</b> 92-761 Paakai Street, Kapolei, Hawaii 96707	<b>Inspection Date:</b> October 13, 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).**

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OCT 27 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1-3 – Two (2) consecutive years of Fieldprint clearance unavailable</p> <p>Submit a copy of 2025 Fieldprint clearance for SCG #2.</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>yes, On October 13, 2025 PCG made an appointment for PCG, SCG #1, SCG#2, SCG#3 with Fieldprint Site Boost Mobile 4-866 Moloalo St Square 34-DIC Waipahu Hi 96797</p> <p>PCG Oct 23, 2025 at 4:00 pm  SCG #1 Oct 23, 2025 at 4:10 pm  SCG #2 Oct 27, 2025 at 12:40 pm  SCG #3 Oct 27, 2025 at 1:20 [pm</p> <p>When PCG receives the Fieldprint clearance results a copy of Fieldprint clearance for SCG #2 will be submitted to your office immediately</p>	<p style="text-align: center;">10/27/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 4/14/25 states, “Carvedilol 12.5 mg tab Take 1 tab PO BID Hold if SBP &lt;100 or Apical HR &lt;60”; however, MAR shows medication was administered despite heart rate outside safe parameter:</p> <ul style="list-style-type: none"> <li>• 9/1/24 – BP 99/68 (PM dose)</li> <li>• 9/2/25 – HR 59 (PM dose)</li> <li>• 9/3/25 – HR 57 (AM dose), HR 53 (PM dose)</li> </ul>	<p>PART 1</p> <p><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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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medications were administered in the 4/2025 without a physician’s order:</p> <ul style="list-style-type: none"> <li>• “Cephalexin 500mg cap Take 1 cap TID for seven days for infection Take with food and Probiotics to reduce risk of gastrointestinal side effects” (Administered 4/1/25-4/8/25)</li> <li>• “Mupirocin 2% ointment apply small amount topically to biopsy site BID until healed to prevent infection” (administered 4/1/25-4/16/25)</li> </ul>	<p style="text-align: center;">PART 1</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: Hermelina Apuya

Print Name: Hermelina Apuya

Date: 10/27/25

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Licensee's/Administrator's Signature: Hermelina Apuya

Print Name: Hermelina Apuya

Date: 11/29/25

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