

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raguindin Malama Kauhale ARCH	CHAPTER 100.1
Address: 94-088 Awamoku Street, Waipahu, Hawaii 96797	Inspection Date: September 24, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> ARCH facility utilizes cycle menus, but four (4) weekly cycle menu was not available for the regular and pureed diet.</p> <p><i>Submit documentation 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>I make a 4 cycle regular pureed menu submitted a copy</i></p>	<p style="text-align: center;"><i>9/26/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> ARCH facility utilizes cycle menus, but four (4) weekly cycle menu was not available for the regular and pureed diet.</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><i>To prevent this happening again in the future I should make a reminder note, a menu to specific resident diet.</i></p> <p><i>Contact the Department of health detection IF I need assistance to making a certain menu diet</i></p>	<p style="text-align: right;"><i>09/26/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1 – Manufacturer instructions for proper handling and storage of medication. Latanoprost eye drops, were not followed. Medication is good for 6 weeks and may be stored at room temperature after opening, but the date opened is not provided.</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>I put the date when I open and I storage in the medication cabinet separate from the oral medication</i></p>	<p style="text-align: center;"><i>9/26/25</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident #1 – The following telephone orders noted on progress notes were not immediately recorded on the physician's order sheet:</p> <ul style="list-style-type: none"> • Resume prednisone 10mg 1 tab daily, 5/27/25 • Fluconazole 200 mg 1 tab daily for 14 days, 5/27/25 • Amoxicillin-clau 875-125 mg 1 tab q 12h for 7 days <p><i>Corrected during this inspection.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS Resident #1 – Plan of care and activities indicates resident should be up in the wheelchair in the morning and back to bed for naptime at 1pm. However, the resident was observed lying in bed throughout this inspection. Per primary care giver (PCG), resident gets up only twice a week during family visitation days. Plan of care was not updated to reflect the changes.</p> <p><i>Submit revise plan of care with your 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>Resident #1 has been revised activities Daily living to reflect current needs of the client</i></p>	<p style="text-align: center;"><i>9/20/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (a) Residents shall be up and out of bed and appropriately dressed daily, unless physician or APRN orders indicate otherwise.</p> <p><u>FINDINGS</u> Resident #1 – No physician order was obtained for the resident to stay in bed all day. Resident was observed in bed for lunch and did not get up during this inspection. Per primary care giver (PCG), resident gets up only twice a week during family visitation days.</p> <p><i>Submit a copy of physician order with your 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>Resident #1 Physician was obtained and resident stay in bed</i></p>	<p style="text-align: center;"><i>10/24/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – No order to crush medications.</p> <p><i>Submit documentation with your POC.</i></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><i>Phy. Physician ordered crush medication as okay attached MD ordered</i></p>	<p><i>10/24/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p><u>FINDINGS</u> PCG and SCGs -- Resident #1 requires a Hoyer lift with transfers, but documentation of the training by RN CM is unavailable for review.</p> <p><i>Submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Case Manager RN came to inservice us for the Hoyer lift</i></p>	<p style="text-align: center;"><i>10/21/25</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day:</p> <p>FINDINGS Fire drills conducted on 1/20/25, 3/29/25, and 9/4/25 did not include the time required to safely evacuate residents from the ARCH facility.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Belma A. Ragundini

Print Name: Belma A. Ragundini

Date: 11/18/2025