

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Agency's Name: Santos, Norma (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 4240 Keaka Drive, Honolulu, Hawaii 96818</b>	<b>Inspection Date: October 20, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-91 <u>Professional misconduct</u>. (b)(8) Misconduct includes, but is not limited to, the following:</p> <p>The conviction of a felony or misdemeanor, or petty misdemeanor involving moral turpitude, dishonesty, or corruption, whether or not the act is committed in the course of the individual's activities as one providing care to residents. The department may order a license to be suspended, limited or revoked, or may decline to issue a license when the time for appeal has elapsed, or when the judgment of conviction has been confirmed on appeal;</p> <p><b><u>FINDINGS</u></b> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1 and SCG #2 – No documentation of current background check clearance (Fieldprint).</p> <p><i>Submit documentation with plan of correction (POC).</i></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>Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 completed Fieldprint background checks on 11/7/2025. Documentation of current background check clearance for PCG and SCG #1 are attached.</p> <p>SCG #2 completed Fieldprint background check on 11/10/2025. Documentation of current background check clearance is attached.</p>	<p>11/7/2025</p> <p>11/10/2025</p>

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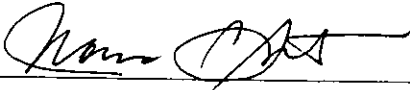
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)            All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>            Four (4) boxes of Ipratropium/Albuterol inhalation solution supplies noted unsecured in Resident #2's bedroom.</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 4 boxes of Ipratropium / Albuterol inhalation solution supplies were immediately removed and placed in a secured medicine cabinet.</p>	<p>10/20/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Four (4) boxes of Ipratropium/Albuterol inhalation solution supplies noted unsecured in Resident #2's bedroom.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency from reoccurring in the future, all medications shall be secured in a locked cabinet, drawer, or safe and away from resident's bedrooms. Access to this area shall be restricted to authorized personnel only.</p>	<p style="text-align: center;">10/20/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No incident report generated for change in condition (resulted in hospitalization) occurred on 12/31/24, 1/19/25, 3/28/25, and 4/17/25.</p>	<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:



Print Name:

Norma Santos

Date:

11/15/2025