

12/12/25

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: The ARC in Hawaii Housing Proj. No. 11/Lusitana B</b>	<b>CHAPTER 89</b>
<b>Address: 1660-B Lusitana Street, Honolulu, Hawaii 96813</b>	<b>Inspection Date: November 25, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(1)            The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Evacuation drills shall be held at least monthly and at varied times during the twenty-four hour period. Instruction in the evacuation procedures shall be given to each new resident upon admission to the facility.</p> <p><b><u>FINDINGS</u></b>            Time of the fire drill conducted on 5/5/2025 was not recorded.</p>	<p style="text-align: center;"><b>PART 1</b></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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☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(1)  The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Evacuation drills shall be held at least monthly and at varied times during the twenty-four hour period. Instruction in the evacuation procedures shall be given to each new resident upon admission to the facility.</p> <p><b><u>FINDINGS</u></b>  Time of the fire drill conducted on 5/5/2025 was not recorded.</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>The home manager understands it is her responsibility to ensure all areas of the fire drill form are completed before they are submitted to Admin. After receiving it, the Admin Assistant is responsible for reviewing the fire drills and contacting the home manager if any information is missing. A completed document is then filed in the fire drill binder in the home, and a copy is filed in the Admin office.</p>	<p>12/12/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(2) Medications:</p> <p>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><b><u>FINDINGS</u></b> Flonase nasal spray was left unsecured on dresser in resident's room #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>Flonase was removed from the the resident's bedroom by the home manager and discarded properly.</p>	11/25/2025

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>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><b><u>FINDINGS</u></b> Flonase nasal spray was left unsecured on dresser in resident's room #2.</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>Currently, all medications that home staff are made aware of are properly secured in a locked cabinet and documented. As this resident did not inform staff that they were bringing home unprescribed medication, proper procedure was not followed. Current procedures will continue to be followed, with an added safeguard of checking the resident's bag with the resident present. Any medication found will be removed and discarded properly. The resident's parent will also be notified and encouraged to speak with the resident so he is fully informed by not only home staff but also family. In addition, a letter will be sent to the resident's parent as a reminder of our current protocol for medications, vitamins, and supplements. See attachment 1.</p>	12/15/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – “Physician’s Evaluation Form” dated 12/16/24 did not include information for standard physical exam.</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>An appointment was made with the resident's primary physician for 12/18/25. The Arc in Hawaii's physical exam form will be used.</p>	<p>12/18/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Physician’s Evaluation Form” dated 12/16/24 did not include information for standard physical exam.</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>The Director of Operations left a voice message and sent an email to the supervisor of the DD case managers to clarify the use of our physical exam form versus their evaluation form. I have yet to receive feedback. In the meantime, the home manager has been made aware that she is to use our agency exam form until we receive clarification from DD case management.</p> <p>If our exam form is not accepted by case management, an attempt will be made to have both exams completed during the resident's physician visit, and/or the DD case management form will be completed with a consultation form that includes all the pertinent information the Office of Health Care Assurance requires.</p>	12/17/2025

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Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes, Director of Operations

Date: Dec 12, 2025

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