Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Analani Hale ARCH	**CHAPTER 100.1**
Address: **94-372 Kipou Street, Waipahu, Hawaii 96797**	**Inspection Date: November 25, 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute caregiver (SCG)- No documented evidence that the SCG is currently certified in first aid. Last certification expired on 9/12/25. **Please send a copy of the first aid certification with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** OBTAINED 12/29/25 Yes. The SCG did a recertification on 12/29/25.	12/30/25 05/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG- No documented evidence that the SCG is currently certified in first aid. Last certification expired on 9/12/25. **Please send a copy of the first aid certification with your plan of correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again in the future, PCG posted a checklist for all PCG/SCG annual certificates that need to be renewed with expiration dates. SCG are also reminded two months prior to the expiration date.	01/26/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG- No documented evidence that the SCG is currently certified in cardiopulmonary resuscitation. Last certification expired on 9/12/25. **Please send a copy of the certification with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Obtained the current CPR / First aid certificate from the SC on 12/29/25 the SCG did recertification of CPR on 12/29/26. a copy was send to the Nurse Consultant.	01/26/26 05/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG- No documented evidence that the SCG is currently certified in cardiopulmonary resuscitation. Last certification expired on 9/12/25. **Please send a copy of the certification with your plan of correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again in the future, the PCG posted a checklist of the annual renewals certificates with expiration dates. Also PCG reminds SCG's two months prior to renewal dates.	01/26/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Five (5) boxes of labeled Latanoprost eye drops and three (3) boxes of labeled Insulin pens were found on the side of the refrigerator unsecured and not in a lock box.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** It was secured right away. it was secured right away placed in a locked box with a combination podlock, in the refrigerator.	01/26/26 05/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Five (5) boxes of labeled Latanoprost eye drops and three (3) boxes of labeled Insulin pens were found on the side of the refrigerator unsecured and not in a lock box.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG & all SCG's are now trained to place all refrigerated medication in the secured box inside the refrigerator right after each use / application. we created a reminder note on the refrigerator door to secure and locked the refrigerated medications lockbox after each use.	01/26/26 05/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1- 1. "Melatonin 3 mg Take 1 tablet PO daily at bedtime" was ordered on 9/9/25; the September 2025 medication administration record (MAR) reflected that the medication was not taken/made available from 9/26/25 to 9/30/25. 2. "Vitamin B12 500 mcg Take 1 tablet PO daily" was ordered on 9/9/25; the September 2025 MAR reflected that the medication was not taken/made available from 9/24/25 to 9/30/25.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1- 1. "Melatonin 3 mg Take 1 tablet PO daily at bedtime" was ordered on 9/9/25; the September 2025 MAR reflected that the medication was not taken/made available from 9/26/25 to 9/30/25. 2. "Vitamin B12 500 mcg Take 1 tablet PO daily" was ordered on 9/9/25; the September 2025 MAR reflected that the medication was not taken/made available from 9/24/25 to 9/30/25.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again in the future. PCG and all SCG's are reminded and trained to sign the medication log appropriately right after each medication administration or right after the medication was given to the resident. PCG also checks the MAR and other documentations weekly to prevent future discrepancy. PCG created a weekend calendar note to remind PCG to check MAR & other document for future discrepancy.	01/26/26 05/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1- 1. No documented evidence that the September 2025 MAR reflect the time that the "Melatonin 3 mg" is taken at bedtime. 2. No documented evidence that the September 2025 MAR reflect the time that the "Vitamin B12 500 mcg" is taken daily.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1- 1. No documented evidence that the September 2025 MAR reflect the time that the "Melatonin 3 mg" is taken at bedtime. 2. No documented evidence that the September 2025 MAR reflect the time that the "Vitamin B12 500 mcg" is taken daily.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future PCG & SCG will make sure to sign MAR right after medication administration to avoid any discrepancies. I will also review MAR every two weeks to make sure its consistent. PCG created a note on calendar every two weeks, on weekends, to review MAR for any inconsistency.	02/01/26 05/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1- "Senna S-tab Take 2 tablets by mouth 2x a day PRN constipation" was ordered on 9/9/25; the September 2025 MAR reflected that the medication was taken PRN at 7am on 9/1/25 to 9/3/25, 9/5/25, 9/7/25 to 9/13/25, 9/15/25, 9/17/25, and 9/20/25 to 9/22/25 with no documentation of effectiveness or ineffectiveness.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1- "Senna S-tab Take 2 tablets by mouth 2x a day PRN constipation" was ordered on 9/9/25; the September 2025 MAR reflected that the medication was taken PRN at 7am on 9/1/25 to 9/3/25, 9/5/25, 9/7/25 to 9/13/25, 9/15/25, 9/17/25, and 9/20/25 to 9/22/25 with no documentation of effectiveness or ineffectiveness.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To avoid this from happening again, on our MAR legend we added "E" for effective and "NE" for not effective. PCG & SCG also are reminded and trained to document the efficacy of any PRN medication.	02/01/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1- No documented evidence of an October 2025 progress note available for review during the time of inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1- No documented evidence of an October 2025 progress note available for review during the time of inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To avoid this from happening again we make sure we have monthly checklist for all resident. PCG & SCG are trained and reminded to document monthly progress notes for each resident at the end of each month.	02/01/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1- No documented evidence of a weight recorded for October 2025 on the Height and Weight record.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1- No documented evidence of a weight recorded for October 2025 on the Height and Weight record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again we make sure that we have checklist of the required monthly documentation needed to be done for all resident. SCG are also trained and reminded to do the required monthly documentation especially when the PCG is on leave.	02/01/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1- Blue ink was used in the May 2025 MAR and the October 2025 activity log.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1- Blue ink was used in the May 2025 MAR and the October 2025 activity log.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again in the future we dispose all blue ink pens. Also posted a note on our Daily binder to refrain from using Blue ink pens & white out tapes / pens on any residents logs, MAR or notes. PCG trained & reminded all SCG to refrain from using Blue ink pen and white out tapes on any residents logs and notes.	02/01/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** White out was used in the March 2025 fire drill record.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** White out was used in the March 2025 fire drill record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again we posted a note and reminded all SCG's to refrain from using white out tape / pen on any resident or care home documentation. We also put away all white out pens / tapes to prevent any mistakes from happening again.	02/01/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** No documented evidence that the admission of current Resident #1 was recorded in the general register.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** To prevent this from happening again in the future, we created an admission checklist. Also one week after the resident is admitted a designated SCG will review the admission checklist with the PCG to make sure all required documents are properly recorded or documented. Yes, the resident was added to our general registry.	02/01/26 05/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** No documented evidence that the admission of current Resident #1 was recorded in the general register.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again in the future, we created an admission checklist. Also one week after the resident is admitted a designated SCG will review the admission checklist with the PCG to make sure all required documents are properly acquired, recorded and documented.	02/01/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(B) Residents' rights and responsibilities: Each resident shall: Be informed of the conditions under which the Type I ARCH may manage the resident's personal financial affairs as detailed in section 11-100.1-18; **FINDINGS** Resident #1- No documented evidence of a signed financial statement in the resident's records. **Please send a copy of the financial statement with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The document was acquired upon admission but was misplaced inside the residents binder. yes, it was corrected and placed the financial policy in the resident binder financial policy tab. A copy was sent to Nurse Coordinator.	02/01/26 05/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(B) Residents' rights and responsibilities: Each resident shall: Be informed of the conditions under which the Type I ARCH may manage the resident's personal financial affairs as detailed in section 11-100.1-18; **FINDINGS** Resident #1- No documented evidence of a signed financial statement in the resident's records. **Please send a copy of the financial statement with your plan of correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again in the future, we created an admission checklist. Also one week after the resident is admitted a designated SCG will review the admission checklist with the PCG to make sure all required documents are acquired and timely documented.	02/01/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No documented evidence that an October 2025 fire drill was conducted.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No documented evidence that an October 2025 fire drill was conducted.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again, PCG and SCG performing the monthly fire drill are reminded to document it right after it is conducted. The PCG or SCG who performs the monthly fire drill will review the documentation and place it on the designated space in the Care home binder. PCG will also check monthly to make sure the previous monthly fire drill was properly recorded. PCG created a Reminder calendar Note on each 1st of the month to check if previous month was done and also a reminder calendar note for the upcoming month.	02/01/26 05/17/26

Licensee's/Administrator's Signature: Jana Rubio Aczon

Print Name: Jana Rubio Aczon

Date: Feb 1, 2026

Licensee's/Administrator's Signature: Jana Rubio Aczon

Print Name: Jana Rubio Aczon

Date: Feb 1, 2026

JANA RUBIO ACZON

May 17, 2026