

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|---|---|
| Facility's Name: E.Mabini ARCH | CHAPTER 100.1 |
| Address: 94-1083 Kuhaulua Street, Waipahu, Hawaii 96797 | Inspection Date: February 17, 2026 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 |
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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><u>FINDINGS</u> Resident #1 – Physician’s order dated 5/21/25-6/20/25 states, “Lorazepam 1 MG tablet Take 1 tab by mouth at bedtime as needed”; however, PRN indication was unavailable during such time.</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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| <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><u>FINDINGS</u> Resident #1 – Physician’s order dated 5/21/25-6/20/25 states, “Lorazepam 1 MG tablet Take 1 tab by mouth at bedtime as needed”; however, PRN indication was unavailable during such time.</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>In the future, CHO to make sure that all medications ordered are complete to include all prn medications with indications or reasons.</p> <p>To prevent this from happening in the future, I added on my cellphone notes a reminder to check all doctors' orders every month. If a prn indication is missing CHO to notify the physician and obtain an updated order with signature and file it in the resident's chart.</p> | <p>02/26/26</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><u>FINDINGS</u> Resident #1 - Physician's order dated 5/21/25-6/20/25 states, "Lorazepam 1 MG tablet Take 1 tab by mouth at bedtime as needed"; however, during this time, MAR shows medication was made available by facility as, "Lorazepam (Ativan) 1 mg 1 tab PO bid prn agitation/insomnia". Dosage and PRN indication did not reflect physician's orders.</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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| <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><u>FINDINGS</u> Resident #1 – The following physician’s orders prescribed on 5/21/25 have not been renewed every 4 months or discontinued since prescribed:</p> <ul style="list-style-type: none"> • “Miconazole 2% Oint Apply to peri area bid and prn” • “Triamcinolone acetonide 0.025% cream Apply sparingly twice daily as needed to affected area. It is used on the skin to reduce swelling, redness, itching, and allergic reactions” <p>Submit a copy of renewed or discontinued orders with plan of correction</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>CHO checked the physician's order dated 6/21/2025 and found the order that these 2 medications were discontinued. MAR also shows that these medications were discontinued on 6/21/2025 and were highlighted in yellow.</p> | <p>02/17/26</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><u>FINDINGS</u> Resident #1 – The following physician’s orders prescribed on 5/21/25 have not been renewed every 4 months or discontinued since prescribed:</p> <ul style="list-style-type: none"> • “Miconazole 2% Oint Apply to peri area bid and prn” • “Triamcinolone acetonide 0.025% cream Apply sparingly twice daily as needed to affected area. It is used on the skin to reduce swelling, redness, itching, and allergic reactions” <p>Submit a copy of renewed or discontinued orders with plan of correction</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>These 2 medications were discontinued on 6/21/2025 as shown in the Physician's Record. CHO to continue to highlight medications in yellow color to show that it has been discontinued. CHO to create a list to add medications that are being discontinued and check the MAR to reflect medications that are being discontinued. The list is to be reviewed every month to make sure that it is being charted properly. All discontinued medications will be highlighted in yellow.</p> | <p>06/21/25</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 5/21/25 states, “Miconazole 2% Oint Apply to peri area bid and prn”, however, PRN indication unavailable. Medication made available by facility without clarified reason to administer PRN.</p> <p>Submit a copy of updated order with plan of correction</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>The PCP was informed that miconazole was unavailable per pharmacy. It was discontinued on the day it was reported, so it was taken off the MAR on 6/21/2025.</p> | 06/21/25 |

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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><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/14/25-current states, “Calcium 600 mg + D3 1 tab PO bid”; however, prescribed dosage for D3 unavailable. Medication order incomplete</p> <p>Submit a copy of updated order with plan of correction</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>CHO clarified the order with the PCP on 2/26/2026 to include the dosage for D3. Obtained the order by going to the doctor's office and clarified the order to read: Calcium 600 mg with vitamin D3 10 mcg (400 IU) 1 tab PO bid. Highlighted the previous order and wrote the new order in the MAR indicating the dosage of vitamin D3 10 mcg (400 IU).</p> | 02/26/26 |

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| ☒ | <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><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/14/25-current states, “Calcium 600 mg + D3 1 tab PO bid”; however, prescribed dosage for D3 unavailable. Medication order incomplete</p> <p>Submit a copy of updated order with plan of correction</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>To avoid this to happen again, CHO to be mindful that dosages of Vitamin D3 be included in the physician's order and double check pharmacy label if the right D3 dosage is reflected. I added on my cellphone notes a reminder to check all doctor's orders every month. CHO to list orders of Calcium with vitamin D to make sure that vitamin D dosage is included in the order. If dosage of Vitamin D does not reflect the order, then CHO to notify the doctor right away and obtain an updated order with doctor's signature and file the updated order in the resident's chart under the Physician's Order tab.</p> | 02/26/26 |

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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>FINDINGS Resident #1 – Per MAR from 5/21/25-7/13/25, “Bisacodyl 10mg insert 1 suppository rectally daily prn for constipation” was made available, however, physician’s order to administer was unavailable during this time</p> <p>Resident #1 – Per MAR, from 5/21/25-7/13/25, “Acetaminophen (Tylenol) 500mg 1 tab PO q 4 hours prn pain” was made available; however, medication order to administer was unavailable during this time</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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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Current pneumococcal vaccination unavailable</p> <p>Submit a copy with plan of correction.</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>CHO reviewed the resident's chart again on 2/17/26 and found the pneumococcal vaccine record in the middle of the page. Encircled the record and made a copy and returned the record in the resident's chart under Vaccination tab.</p> | <p>02/17/26</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Current pneumococcal vaccination unavailable</p> <p>Submit a copy with plan of correction.</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>In the future, CHO to encircle the record of pneumococcal vaccines so it is easier to find. CHO to make sure that all residents have a record of pneumococcal vaccine on file and is encircled. CHO to create a pneumococcal vaccination checklist to include the resident's name, and vaccination date. A copy of the vaccination checklist should be made available in paper and scanned in the computer to have a duplicate record. CHO to check the pneumococcal vaccination checklist monthly for compliance.</p> | <p>02/17/26</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – The following medical visits attended were not documented in the monthly progress notes:</p> <ul style="list-style-type: none"> • 7/14/25 – Ophthalmology • 9/23/25 – Liver Center • 10/14/25 – Primary Care Provider (PCP) • 12/18/25 – PCP • 1/15/26 – PCP | <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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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence of any monthly fire drills conducted during hours of darkness</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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| <input checked="" type="checkbox"/> | <p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current pneumococcal vaccination at the time of admission on 5/21/25</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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|-------------------------------------|---|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current pneumococcal vaccination at the time of admission on 5/21/25</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>To avoid this from happening, CHO encircled the pneumococcal vaccine record to make it easier to see. I scanned the pneumococcal vaccine record in the computer to make sure a copy is available if needed. I will check the vaccination record every month to make sure vaccine is up to date.</p> | 02/17/26 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a comprehensive assessment was completed by resident's case manager prior to admission on 5/21/25</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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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a comprehensive assessment was completed by resident's case manager prior to admission on 5/21/25</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>CHO to notify the RN Case Manager that a resident is admitted to a medical facility and that the RN Case Manager needs to visit the resident at the medical facility and make a comprehensive assessment prior to admission to the care home. CHO to ask the RN Case Manager for a copy of the comprehensive assessment and to notify CHO if there is any change in the care plan. CHO to create a "to do list" to make sure the case management is notified and that the RN Case Manager responded to the call and will do as required.</p> | 02/18/26 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan dated 1/28/26 states, "Diet: Regular, Liquids: Thin"; however, diet order dated 7/7/25-current states, "Diet = 2 gm Sodium, Chopped Texture, Thin Consistency Liquids". Care plan does not reflect physician's orders.</p> <p>Submit a copy of revised care plan with plan of correction</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>I notified the RN Case Manager to correct said deficiency. The RN Case Manager came to visit on 2/27/2026 and corrected the care plan. The RN Case Manager crossed out the previous diet order and changed it to the current physician's diet order which read: Diet = 2 gm Sodium, Chopped Texture, Thin Consistency Liquids.</p> | 02/27/26 |

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| ☒ | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan dated 1/28/26 states, "Diet: Regular, Liquids: Thin"; however, diet order dated 7/7/25-current states, "Diet = 2 gm Sodium, Chopped Texture, Thin Consistency Liquids". Care plan does not reflect physician's orders.</p> <p>Submit a copy of revised care plan with plan of correction</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>To make sure the care plan is updated, CHO to double check the RN Case Manager's documentation on the diet orders. CHO to make sure the diet order should match the physician's current orders. CHO included diet orders in the "to do list" to make sure current diet orders are updated in the care plan. The "to do list" will be checked 2 times/month before and after the RN Case Manager visit.</p> | <p style="text-align: center;">02/27/26</p> |

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MAR 20 2026

Licensee's/Administrator's Signature: Eden S. Mabini

Print Name: Eden S. Mabini

Date: 03/20/26

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MAR 20 2026

Licensee's/Administrator's Signature: Eden S. Mabini

Print Name: Eden S. Mabini

Date: 04/13/26

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