

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Klare ARCH/EARCH LLC	CHAPTER 100.1
Address: 1067 Ala Lilikoi Street, Honolulu, Hawaii, 96818	Inspection Date: May 11, 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
☒	§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. <u>FINDINGS</u> Resident #1: The medication bottle label for Carbidopa-Levodopa does not match the current medication order, and there was no indication on the bottle to show that the order had changed. The primary caregiver (PCG) corrected the discrepancy by applying a sticker indicating that medication instructions have been updated and directing staff to refer to the Medication Administration Record (MAR).	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed. <u>FINDINGS</u> Bedroom #1 – The signaling device was found inoperable at the beginning of the inspection. The PCG corrected the issue during the inspection by replacing the battery. The signaling device was fully operable at the conclusion of the inspection.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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☒	§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to: Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided; <u>FINDINGS</u> Resident #1 – Resident transitioned from ARCH to Expanded Level of Care during their stay in the home. There is no documentation indicating that the resident was informed of the responsibilities and rules governing conduct for residents in an Expanded ARCH level of care.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____