

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: MIVA ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 87-158 Kaukamana Street, Waianae, Hawaii 96792</b>	<b>Inspection Date: February 11, 2026 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 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
<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><b>FINDINGS</b> Resident #1 - Physician ordered "Triamcinolone 0.1%" ointment. Medication not available in facility for resident use.</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>The Triamcinolone 0.1% ointment was obtained from the pharmacy and is now available at the facility for Resident #1 as ordered by the physician. The medication was verified and placed in the designated medication storage area.</p>	<p>2/11/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Triamcinolone 0.1%” ointment. Medication not available in facility for resident use.</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><i>In the future to prevent this deficiency to happen again I, the PCB will review the physician order upon admission and all the list of medication are obtained and available for resident use. I, the PCB will check that all meds are always available daily. Also, I, the PCB will ask and always remind the SCS to double check the resident meds. to ensure all ordered meds are available in the facility for resident use every day.</i></p>	<p style="text-align: center;"><i>2/26/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (i) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b>FINDINGS</b> Resident #2 - Observed "Muciprocin" ointment at resident's bedside table unsecured.</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>The Mupirocin ointment was removed from the resident's bedside and placed in the designated medication storage area.</p>	<p style="text-align: center;">2/11/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Observed “Muciprocin” ointment at resident’s bedside table unsecured.</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><i>In the future to prevent this deficiency to happen again, I, the PCB will inform the resident upon admission that medication prescribed and over the counter medication should be locked up and secured inside the cabinet at all times. I, the PCB will make the daily rounding to check that all meds are secured at the medicine cabinet. Also, I, the PCB will remind SCS to double check the facility to ensure all medications are properly secured daily.</i></p>	<p style="text-align: right;"><i>2/26/26</i></p>

Licensee's/Administrator's Signature:   
Print Name: Imelda Arreola  
Date: 12-19-2026

Licensee's/Administrator's Signature: Emelda Arreda Pa

Print Name: Emelda Arreda

Date: 2/29/29