

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Marikit G. Cardon's ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 849 Hoomau Street, Wailuku, Hawaii 96793</b>	<b>Inspection Date: February 24, 2026 (2<sup>nd</sup> 6-month)</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>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis:</p> <p><b>FINDINGS</b> Resident #2 – No documented evidence of a current tuberculosis clearance by a physician or advanced practice registered nurse (APRN) on file.</p>	<p style="text-align: center;"><b>PART I</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><i>I informed the resident's APRN on 2/25/24 that her TB clearance has expired. APRN visited the resident and given PPD to the resident. APRN read the test on 2/27/24 and completed the resident's TB clearance. Evidence of current TB is on file.</i></p>	<p><i>2/27/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17: <u>Records and reports</u>, (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 - No documented evidence of a current tuberculosis clearance by a physician or advanced practice registered nurse (APRN) on file.</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>I will create a calendar that has the list of documents that residents needs to renew. I will also train my subordinates to check the calendar for any documents that needs to be renewed before expiration. So that all documents will be current and up to date.</i></p>	<p style="text-align: center;">2/27/26</p>

Licensee's/Administrator's Signature: *M. G. Carden*

Print Name: Maribel G. Carden

Date: 2/27/24