

Office of Health Care Assurance

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name:</b> JRR ARCH	<b>Chapter:</b> 100.1
<b>Address:</b> 94-564 Anaaina Place, Waipahu, Hawaii 96797	<b>Inspection Date:</b> June 2, 2026 Relicensing Inspection

**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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.**

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-14 Food sanitation. (f)</p> <p>Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS:</u></b></p> <p>One (1) container of Comet was found unsecured under the kitchen sink.</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>	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 Medications. (e)</p> <p>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></p> <p>Resident #1- Methocarbamol 500 mg tablet with label last dispensed on 9/22/25 was found in resident's medication bin; however, no documented evidence of a current physician order to continue or discontinue. Last physician order for Methocarbamol 500 mg was 10/27/25.</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>	

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<p>§11-100.1-17 Records and reports. (b)(3)</p> <p>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;</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1- Physician prescribed on 5/28/26 for Hydrocortisone 0.5% cream "Apply to affected areas BID PRN itching"; however, the medication was given on 5/29/26 at 5pm with no documentation of the resident's response to the medication.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<p>§11-100.1-17 Records and reports. (c)</p> <p>Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS:</u></b></p> <p>Resident #1- No documented evidence of progress notes for incidents that occurred on 9/21/25 and 10/4/25.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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Licensee's/Administrator's Signature:

Print Name:

Date: