

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/Expanded ARCH	Chapter: 100.1
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 15, 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>§11-100.1-9 Personnel, staffing and family requirements. (e)(3)</p> <p>The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid;</p> <p><u>FINDINGS:</u></p> <p>Substitute Caregiver (SCG) #1 - No current first aid certification is on file. The most recent document available for review expired on 03/05/2026.</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>	

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RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1)</p> <p>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS:</u></p> <p>SCG #1 - No current cardiopulmonary resuscitation certification is on file. The most recent document available for review expired on 03/05/2026.</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>	

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<p>§11-100.1-15 Medications. (a)</p> <p>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.</p> <p><u>FINDINGS:</u></p> <p>Pill minders were observed containing multiple medications. Medications were not maintained in their original, labeled containers as required.</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>	

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<p>§11-100.1-17 Records and reports. (f)(4)</p> <p>General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS:</u></p> <p>Resident #4 – The level of care (LOC) assessment indicates ARCH level; however, the assessment scores exceed the thresholds for ARCH level of care. The resident was not present at the time of inspection to verify the current LOC status.</p> <p><i>Please provide documentation of an updated level of care assessment.</i></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>	

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<p>§11-100.1-17 Records and reports. (h)(1)</p> <p>Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS:</u></p> <p>Several entries in the facility's permanent register were found to be inaccurate, including incorrect admission and discharge dates. Corrections were made during the inspection.</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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<p>§11-100.1-88 Case management qualifications and services. (c)(10)</p> <p>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 comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS:</u></p> <p>Resident #1 – A six-month reassessment dated 11/15/2025 was available for review. No reassessment record was found for May 2025. There is no documentation of a comprehensive reassessment completed every six (6) months or sooner, as required.</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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Licensee's/Administrator's Signature:

Print Name:

Date: