

3/25/26

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: The Arc of Kona – Kona Krafts</b>	<b>CHAPTER 89</b>
<b>Address: 82-1055 Kiloa Road, Captain Cook, Hawaii 96704</b>	<b>Inspection Date: March 10, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

RECEIVED

MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5)  Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Per caregiver, Nebulizer Duo-Neb 0.5-2.5ml/3ml was prescribed on 12/4/25. No written order was obtained. Current order dated 2/19/26 included the medication.</p>	<p style="text-align: center;">PART 1</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per caregiver, Nebulizer Duo-Neb 0.5-2.5ml/3ml was prescribed on 12/4/25. No written order was obtained. Current order dated 2/19/26 included the medication.</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> <ol style="list-style-type: none"> <li>1. Staff person taking residents to medical appointments and staff picking up prescriptions from the pharmacy will review all documentation to ensure physician orders have been written for all medications and supplements.</li> <li>2. Staff will be trained on Resident Health and Safety Standards including medications on an annual basis or more frequently as needed.</li> </ol>	<p>03/23/2026</p>

RECEIVED  
MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5)  Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – “Furosemide 10mg tablet, take 0.5 tablets (10mg) by mouth in the morning” was signed by PA-C on 2/19/26. Medication available at home was Furosemide 20mg tablets.</p> <p>Please clarify with the prescriber.</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>Prescriber clarified that order is to take 0.5 tablets of the 20 mg furosemide. 10 mg tablets are not available for this medication. Prescriber called in new order to pharmacy and prescription label was changed to the following:</p> <p>Furosemide  20 MG Tablet  Take 0.5 tablets by mouth in the morning. *Dose Change*.</p>	<p>03/16/2026</p>

RECEIVED  
MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Furosemide 10mg tablet, take 0.5 tablets (10mg) by mouth in the morning” was signed by PA-C on 2/19/26. Medication available at home was Furosemide 20mg tablets.</p> <p>Please clarify with the prescriber.</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> <ol style="list-style-type: none"> <li>1. Staff will ensure physician orders for medications are clear and concise.</li> <li>2. Staff will review prescription labels when picking up from the pharmacy to ensure the label and physician orders match.</li> <li>3. Staff will contact prescriber in the event questions about a medication arise and/or further clarification is needed.</li> </ol>	<p>03/16/2026</p>

RECEIVED  
MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR), Furosemide was decreased to 10mg in the morning from 20mg in the morning. Caregiver's notes in the MAR stated that Furosemide 10mg was started on 12/17/25. 20mg was not marked as discontinued and new dosage 10mg was not recorded as a new medication. MAR was not recorded correctly. January 2026 MAR was corrected.</p>	<p style="text-align: center;">PART 1</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>	

RECEIVED  
MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR), Furosemide was decreased to 10mg in the morning from 20mg in the morning. Caregiver's notes in the MAR stated that Furosemide 10mg was started on 12/17/25. 20mg was not marked as discontinued and new dosage 10mg was not recorded as a new medication. MAR was not recorded correctly. January 2026 MAR was corrected.</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> <ol style="list-style-type: none"> <li>1. Training was provided to all applicable staff including a review of the VISIONS Medication Management chapter. Training focused on this type of situation and a demonstration on how to discontinue a medication and record a new medication in this type of situation.</li> <li>2. Admin Coordinator and Supervisor will continue to review MAR's for accuracy on a monthly basis. Mistakes/deficiencies will be corrected immediately and additional training will be provided to all applicable staff.</li> </ol>	<p style="text-align: center;">03/19/2026</p>

RECEIVED

MAR 25 2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b><u>FINDINGS</u></b>            Resident #2 – Physician’s Evaluation form was available but did not include information for standard physical exam. Thus, there was no annual physical exam.</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>Medical visit notes that include the standard physical exam information for the residents annual physical were obtained from the physician and attached to the annual physical evaluation form.</p>	<p>03/24/2026</p>

RECEIVED  
 MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b><u>FINDINGS</u></b>            Resident #2 – Physician's Evaluation form was available but did not include information for standard physical exam. Thus, there was no annual physical exam.</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>1. Staff responsible for taking residents to their annual physical exam will ensure all information (ie physical exam form, medical visit notes) has been obtained from the physician prior to leaving the health facility.</p> <p>2. In the event the notes and/or physical form are not immediately available, the staff person will follow up with the health facility within 48 hours to obtain the documents.</p>	<p>03/24/2026</p>

RECEIVED  
 MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><b><u>FINDINGS</u></b>            Resident #3 was on "Low fat/Regular avoid food allergies."            Type of diet was not clarified with the physician.</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>This deficiency is in the process of being corrected. Supervisor contacted the physician's office for clarification and further action if needed. Physician is not available until April. Supervisor will follow up with physician upon their return to clarify with the physician the type of diet for this resident.</p>	<p>03/16/2026</p>

RECEIVED

MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><b><u>FINDINGS</u></b>            Resident #3 was on "Low fat/Regular avoid food allergies."            Type of diet was not clarified with the physician.</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> <ol style="list-style-type: none"> <li>1. Staff taking residents to medical appointments will review visit notes/documents prior to leaving the health care facility and ask for clarification of the type of diet if needed.</li> <li>2. In the event a special diet has been ordered, staff will ensure there is a signed order from the physician.</li> <li>3. Supervisor will also review all resident medical visit notes/documents to ensure this does not happen again in the future.</li> <li>4. Training will be provided to all applicable staff/certified caregivers.</li> </ol>	<p style="text-align: center;">03/24/2026</p>

RECEIVED

MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Posted menu did not include portion sizes for each item.</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>This deficiency has been corrected by adding the portion size to each item on the menu.</p>	<p>03/19/2026</p>

RECEIVED  
MAR 25 2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Posted menu did not include portion sizes for each item.</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> <ol style="list-style-type: none"> <li>1. Menu creation procedure has been revised to ensure portion sizes for each item are included on the menu.</li> <li>2. Staff are working on a list of commonly served foods selected by residents with the corresponding portion size as an easy reference when creating menus.</li> <li>3. Supervisor will continue to review menus as they are created to ensure all requirements, including portion sizes for each item, are met.</li> </ol>	03/19/2026

RECEIVED

MAR 25 2026

Licensee's/Administrator's Signature: Michele L. Ku

Print Name: Michele L. Ku

Date: Mar 25, 2026

RECEIVED  
MAR 25 2026