Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Villar, Marylin (ARCH)	**CHAPTER 100.1**
Address: **94-242 Pupukahi Street, Waipahu, Hawaii 96797**	**Inspection Date: November 5, 2025 Annual**

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
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1- No documented evidence of a physician order to continue Vitamin C 500 mg 1 tab QD; however, the medication was present on the medication administration records (MAR) from November 2024 to November 2025.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** To: meet the deficiency: I will create another medication administration record (MAR) and called the Doctor to make sure the physician order is available for the medication.	11/26/2025 MV

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1- No documented evidence of a physician order to continue Vitamin C 500 mg 1 tab QD; however, the medication was present on the MARs from November 2024 to November 2025.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, to prevents that happened again, I could use the checklist when I do my monthly audit.	11/26/2025 m

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1- No documented evidence of a physician order to increase Lovastatin 20 mg from 10 mg; however, the increase in dosage was documented on the MAR effective 1/10/25.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I will ask the doctor to verify the strength for the medicine to be written 20mg or not 10mg	11/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1- No documented evidence of a physician order to increase Lovastatin 20 mg from 10 mg; however, the increase in dosage was documented on the MAR effective 1/10/25.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** on the future, To prevent that happened again, I created a checklist to make sure that my ~~Medicines~~ medicine strength it matches the physician order. I could use the checklist when I do monthly audit.	11/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1- Physician ordered on 8/13/25 for Tylenol 325 mg "Take 1-2 tablets twice a day as needed"; however, the MARs from August 2025 to November 2025 was transcribed as, "Take 1-2 tablets once a day as needed". The physician order and MAR transcription do not match.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** & unified Medication administration Record (MAR) with the direction of Tylenol 325mg 1-2 tablets twice a day as needed.	11/26/2025 MN

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1- Physician ordered on 8/13/25 for Tylenol 325 mg "Take 1-2 tablets twice a day as needed"; however, the MARs from August 2025 to November 2025 was transcribed as, "Take 1-2 tablets once a day as needed". The physician order and MAR transcription do not match.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I created a checklist to make sure the physician order that Medication administration Record (MAR) it matches. I created me monthly check-list if I do my monthly audit.	11/26/2025 NV

Licensee's/Administrator's Signature: _____

Print Name: MARILIN T. VILLAR

Date: 11/26/2025