Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag III	**CHAPTER 100.1**
Address: 1050 18th Avenue, Honolulu, Hawaii 96816	**Inspection Date: December 5, 2024 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. (a) 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. **FINDINGS** Resident #1 – Physician's orders dated 6/18/24 state, "losartan 50mg Oral Tablet Take 1 Tablet by mouth at bedtime" and "amlodipine 2.5mg Oral tab Take 1 Capsule by mouth 4 times a day as needed for Diarrhea"; however, both medication bottle labels include hold parameters, "Hold for SBP <110mmHg".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency is corrected. The medicine containers are now labelled to match MD order.	12/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) 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. **FINDINGS** Resident #1 – Physician's orders dated 6/18/24 state, "losartan 50mg Oral Tablet Take 1 Tablet by mouth at bedtime" and "amlodipine 2.5mg Oral tab Take 1 Capsule by mouth 4 times a day as needed for Diarrhea"; however, both medication bottle labels include hold parameters, "Hold for SBP <110mmHg".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will post a reminder note in the care home binder to reconcile Physician's Order and Medication Labels right after Physician's visit. Schedule a review of all medication orders in the beginning of the month. Make sure to ensure that all current physician orders are cross-referenced with the medication container labels and MAR. Verify that the medication name, dosage, and administration instructions match exactly. Re-label medication container bottle to exactly match the current order.	03/13/2025

	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 – Physician's orders dated 6/18/24 state, "losartan 50mg Oral Tablet Take 1 Tablet by mouth at bedtime" and "amlodipine 2.5mg Oral tab Take 1 Capsule by mouth 4 times a day as needed for Diarrhea"; however, monthly MARs from 6/18/24-present include hold parameters, "Hold for SBP <110mmHg" for both orders; not consistent with physician's orders Submit a copy of updated MAR with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** MAR has been updated to match Physician's order.	12/06/2024

	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 – Physician's orders dated 6/18/24 state, "losartan 50mg Oral Tablet Take 1 Tablet by mouth at bedtime" and "amlodipine 2.5mg Oral tab Take 1 Capsule by mouth 4 times a day as needed for Diarrhea"; however, monthly MARs from 6/18/24-present include hold parameters, "Hold for SBP <110mmHg" for both orders; not consistent with physician's orders Submit a copy of updated MAR with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will post a reminder note in the care home binder to reconcile Physician's Order and MAR right after Physician's visit. Verify that the medication name, dosage, and administration instructions match the physician's orders exactly in the MAR. Document the reconciliation in the MAR for accurate records.	03/13/2025

	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 – Physician's order dated 12/11/23-6/14/24 states, "acetaminophen 324mg oral tablet. Take 2 tablets by mouth every 6 hours PRN. Max 8 tabs/24 hrs. from all sources"; however, PRN indication was not provided.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	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 – Physician's order dated 12/11/23-6/14/24 states, "acetaminophen 324mg oral tablet. Take 2 tablets by mouth every 6 hours PRN. Max 8 tabs/24 hrs. from all sources"; however, PRN indication was not provided.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will post a reminder note in care home binder to review Physician's orders immediately after visit for ambiguities. Clarify with Physician if a PRN (as-needed) medication indication is missing or unclear, contact the physician to clarify the order. Record any updates or changes in the Physician's Orders section of the binder for clear reference. Have the order initialed by the doctor in the next visit. Ensure that the medication name, dosage, and administration instructions match the physician's orders exactly. Document the reconciliation in the Medication Administration Record (MAR). Verify that the information on the medication container bottles aligns perfectly with both the physician's orders and the MAR.	03/13/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – No documented evidence medications were evaluated every four months between 12/11/23-6/14/24	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – No documented evidence medications were evaluated every four months between 12/11/23-6/14/24	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will schedule a visit to the MD office every 4 months to get patient's medication orders reevaluated or follow a signed frequency order from the physician but not to exceed one year. All future visits must log in the calendar to serve as reminder.	12/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Per MAR, "Loperamide 2mg Cap. Take 1 cap by mouth 4 times a day as needed for Diarrhea" was administered on 10/4/24 (twice), 10/6/24 (twice); however, time of administration was not documented for second dose administered on both days	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Per MAR, "Loperamide 2mg Cap. Take 1 cap by mouth 4 times a day as needed for Diarrhea" was administered on 10/4/24 (twice), 10/6/24 (twice); however, time of administration was not documented for second dose administered on both days	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will document administered medications to reflect Resident's name, date, time, dosage and route at the time it is given. All caregivers shall be reminded/re-educated to Initial the MAR and log the time when PRN medications are given.	12/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 – Daily schedule of activities states, "8:30-9:30 Exercise"; however, resident observed sitting in living room watching TV throughout this time period	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 – Daily schedule of activities states, "8:30-9:30 Exercise"; however, resident observed sitting in living room watching TV throughout this time period	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Remind caregivers to follow Daily Schedule of Activities in order to promote physical mental and emotional well-being and strength, flexibility, and cardiovascular health while reducing the risk of depression and cognitive decline. We will post Daily Schedule of Activities in a highly visible location as a reminder to all caregivers. Any variation with the schedule shall be documented.	12/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN. **FINDINGS** Resident #1 – Pneumococcal (PREVNAR 20) vaccine ordered by physician on 6/18/24; however, no documented evidence resident received vaccination at pharmacy . Submit documented evidence vaccination was completed with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, Resident #1 took the Pneumococcal (PREVNAD 20) vaccine at the pharmacy on the 9th of December 2024	12/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN. **FINDINGS** Resident #1 – Pneumococcal (PREVNAR 20) vaccine ordered by physician on 6/18/24; however, no documented evidence resident received vaccination at pharmacy Submit documented evidence vaccination was completed with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will schedule Pneumococcal vaccine at the pharmacy immediately after the doctor's order. Set up reminders in my calendar/app to remind us of scheduled appointment	12/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #2 – Initial 2-step TB clearance unavailable for review Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, The Initial 2- step TB clearance was completed on the 11th of December 2024.	12/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #2 – Initial 2-step TB clearance unavailable for review Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will carefully review documents to make sure that required admission documents are available during admission, i.e., 2 steps TB clearance. Follow a checklist of requirements to avoid any missing documents.	12/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) 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; **FINDINGS** Resident #1 – Urgent care visit conducted on 6/14/24 due to Covid symptoms; however, no documented evidence resident was monitored during infection and status of infection noted	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) 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; **FINDINGS** Resident #1 – Monthly progress notes do not include resident's response to medications	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (b)(3) 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; **FINDINGS** Resident #1 – Monthly progress notes do not include resident's response to medications	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will monitor and document symptoms and conditions as detailed as possible that includes vital signs, treatment, treatments, diets, and other pertinent information most especially the resident's response to medication in our monthly progress notes. We will develop a checklist or reminder to ensure the inclusion of responses to medication, vital signs, and other relevant information when completing progress notes. We will make sure that it will not happen again.	12/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) 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; **FINDINGS** Resident #1 – Per MAR, "Loperamide 2mg Cap. Take 1 cap by mouth 4 times a day as needed for Diarrhea" was administered on 10/2/24, 10/4/24 (twice), 10/6/24 (twice), 10/8/24, 10/10/24, 10/12/24, 10/14/24, 10/16/24, 10/18/24, 10/20/24, 10/22/24, 10/24/24, 10/26/24, 10/27/24; however, resident's response to medication was not documented	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) 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; **FINDINGS** Resident #1 – Per MAR, "Loperamide 2mg Cap. Take 1 cap by mouth 4 times a day as needed for Diarrhea" was administered on 10/2/24, 10/4/24 (twice), 10/6/24 (twice), 10/8/24, 10/10/24, 10/12/24, 10/14/24, 10/16/24, 10/18/24, 10/20/24, 10/22/24, 10/24/24, 10/26/24, 10/27/24; however, no documented evidence of diarrhea persisting for three (3) weeks and/or notification to physician	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) 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; **FINDINGS** Resident #1 – Per MAR, "Loperamide 2mg Cap. Take 1 cap by mouth 4 times a day as needed for Diarrhea" was administered on 10/2/24, 10/4/24 (twice), 10/6/24 (twice), 10/8/24, 10/10/24, 10/12/24, 10/14/24, 10/16/24, 10/18/24, 10/20/24, 10/22/24, 10/24/24, 10/26/24, 10/27/24; however, no documented evidence of diarrhea persisting for three (3) weeks and/or notification to physician	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will monitor and document any adverse reactions or responses to medications to ensure appropriate care and intervention. Documentation shall be filed in the resident binder. We will notify the physician about the resident's adverse reaction to the medication (diarrhea.). Ask the physician for recommendations regarding alternative medications additional treatments to manage diarrhea. We will train Staff on proper documentations and explain the importance of documenting medical responses. This training should emphasize the need to document both positive and negative effects of medications, especially if they are clinically significant (e. g., diarrhea, allergic reactions).	12/10/2024

Licensee's/Administrator's Signature: Nestor Calucag

Print Name: Nestor Calucag

Date: 01/26/2024

Licensee's/Administrator's Signature: Nestor Calucag

Print Name: Nestor Calucag

Date: 03/13/2025