Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fabia ARCH EC	**CHAPTER 100.1**
Address: **94-301 Hilihua Way, Waipahu, Hawaii 96797**	**Inspection Date: May 13, 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).

MAY 22 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** The following records were available. Substitute care giver (SCG) #1 – Fieldprint result dated 4/1/25 and 2/22/23. Appointment was made 2/4/22 but no result. SCG #2 – Fieldprint result dated 4/2/25 and 2/22/23. Appointment was made 2/9/22 but no result. Department background requirements were not met. Please obtain 2026 result.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

MAY 2 2 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** The following records were available. Substitute care giver (SCG) #1 – Fieldprint result dated 4/1/25 and 2/22/23. Appointment was made 2/4/22 but no result. SCG #2 – Fieldprint result dated 4/2/25 and 2/22/23. Appointment was made 2/9/22 but no result. Department background requirements were not met. Please obtain 2026 result.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from happening in the future, I have updated my substitute care giver checklist to include a reminder to print the Fieldprint results after the results are made available. The primary care giver has instructed and re-trained all substitute care givers to print Fieldprint results when it becomes available and to submit the record to the primary care giver to place in the ARCH records. I will refer to this checklist annually to ensure this deficiency does not occur again.	05/22/2025

MAY 2 2 2025

	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 – On 4/23/25, physician ordered Senna (Senokot) 8.6mg, 1 tab by mouth two times daily as needed for constipation. Not listed in medication administration record (MAR). Corrected during the inspection.	**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 – On 4/23/25, physician ordered Senna (Senokot) 8.6mg, 1 tab by mouth two times daily as needed for constipation. Not listed in medication administration record (MAR). Corrected during the inspection.	**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, The primary care giver will ensure flowsheet contains all key components of the doctor's order before printing the MAR. The primary care giver shall cross reference current doctor's orders to ensure that all medications are listed on the MAR. The primary care giver has instructed and re-trained all substitute caregivers on the proper way and procedure on documenting and recording on the medication administration record, At least one of them will keep track and double check the MAR.	05/22/2025

Licensee's/Administrator's Signature: Kelsey Yamada

Print Name: Kelsey Yamada

Date: May 22, 2025