Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Promise ARCH II	**CHAPTER 100.1**
Address: **1177 Kukila Street, Honolulu, Hawaii 96818**	**Inspection Date: April 4, 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. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Observed "Bisacodyl" and "Lorazepam" in facility refrigerator, unsecured.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This CHO secured the residents medicines in a locked medicine box and placed back in the refrigerator. The key was placed in a secured place for the staff to use when needed.	Anita Felipe, RN 4/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Observed "Bisacodyl" and "Lorazepam" in facility refrigerator, unsecured.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** ThE CHO made a reminder note on the bulletin board and in front of the medicine cabinet about the medicines being locked in a medicine box inside the refrigerator. All staff are aware of the secured key for the medicine box being locked.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – Observed expired "Lorazepam" in facility refrigerator, unsecured.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The CHO removed the expired medications and disposed according the procedures of disposing unused/expired medications.	Anita Felipe, RN 4/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – Observed expired "Lorazepam" in facility refrigerator, unsecured.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** CHO made a reminder notes for all staff to check all medications in the refrigerator and medication bins to check expiration dates of all medications daily. Reminder notes are placed in front the medication cabinet and refrigerator being used to store the resident's medications.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #5 – No documented evidence of a current annual self-preservation evaluation by a physician or advanced practice registered nurse (APRN) on file. Last documented evaluation 6/16/2023.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The CHO faxed the Annual Physical Examination Form that was given to the home by the APRN to QMC Geriatric House Call department and this CHO indicated the missing appropriate check off of the self preservation under emergency conditions. The updated Annual PE form showing the appropriate self preservation was returned to the home by the APRN and placed back to the resident's folder.	Anita Felipe, RN 4/21/2025

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☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #5 – No documented evidence of a current annual self-preservation evaluation by a physician or APRN on file. Last documented evaluation 6/16/2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The CHO made checklist to check off whenever the MD/ APRN gives the Annual Physical Examination Form to the CHO after each Annual Physical Examinations. The CHO refer to this checklist so make sure that nothing is missed. The checklist is posted on the bulletin board and inside the CHO folder.	

Licensee's/Administrator's Signature: Anita Felipe

Print Name: Anita Felipe

Date: Apr 21, 2025