Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Honesty** | **CHAPTER 100.1** |
| **Address:**<br>**775 Analio Street, Wailuku, Hawaii 96793** | **Inspection Date: October 10, 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)<br>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.<br><br>**FINDINGS**<br>Resident #1 – Physician ordered "Clonazepine 0.5mg 1 tablet by mouth daily as needed." No as needed (PRN) indication on medication label. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>I contacted the physician, Dr Daniello & Dr Garcia & pharmacist to verify the correct frequency of the medication after an audit inspection 10/10/24 | Yes<br>10/11/24 |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1 – Physician ordered "Clonazepine 0.5mg 1 tablet by mouth daily as needed." No PRN indication on medication order. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>As primary caregiver, I contacted the physician to verify the correct prescribement of the medication, the physician Dr Fiacanatello psychiatrist updated the medication, stated to 18/11/2025 continue orders as directed. | 5/9/2025 |

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| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1 – Physician ordered "Clonazepine 0.5mg 1 tablet by mouth daily as needed." No PRN indication on medication order. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>As primary caregiver, I will review and require my back up caregiver to review all medications and their correct prescriptions Frequency, | 5/9/24 |

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| ☒ | §11-100.1-15 Medications. (f)<br>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.<br><br>**FINDINGS**<br>Resident #1 – Physician ordered "Clonazepine 0.5mg 1 tablet by mouth daily as needed." No PRN indication on medication administration record (MAR). | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Once I've ~~[illegible]~~ verified the correct frequency of the medication with the physician, I will update the medication administration record MAR | 5/9/25 gs<br><br>10/11/24 |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(7)<br>During residence, records shall include:<br><br>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;<br><br>**FINDINGS**<br>Resident #1, Resident #2, Resident #3, Resident #4, Resident #5 – No documented evidence of a monthly weight during August 2024 and September 2024, on file for department review. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**<br><br>in the future I will document monthly all the weights of the residents and record it. | Jan. 6. 25 |

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Licensee's/Administrator's Signature: Zenaida Valdez

Print Name: Zenaida Valdez

Date: Jan. 6. 2025

Licensee's/Administrator's Signature: Zenaida Valdez

Print Name: ZENAIDA VALDEZ

Date: April 11, 2025

Licensee's/Administrator's Signature: Zenaida Valdez

Print Name: ZENAIDA VALDEZ

Date: May 9, 2025