

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Arzaga's Adult Residential Care LLC	CHAPTER 100.1
Address: 57 Maikai Street, Hilo, Hawaii 96720	Inspection Date: September 18, 2023 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1 – Observed camera in resident's bedroom. No documented evidence of a signed consent from family, resident and/or representative.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES</p> <p>Verbal consents were obtained but NO written consent.</p> <p>Once written consent was developed, the policy for the use of video/audio surveillance system form was instituted and all parties notified and signed documents.</p>	<p>09/20/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3 – Facility generated medication re-evaluation order and signed by physician on 7/12/23 for “No added salt, high fiber” diet. However, facility menu does not incorporate “high fiber” diet order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES</p> <p>Printed menu was revamped to incorporate the order.</p>	<p>09/27/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for “Ensure High Protein” observed in after visit summary electronically signed by physician on 8/25/23. However, facility generated physician order form observed with “Ensure Supplement 8-10oz PO w/ meals as tolerated. No documented evidence that conflicting orders were clarified.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – Height measurement not documented on Height and Monthly Weight record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES</p> <p>The height and weight were documented in the admission/monthly record form but not in the resident register. Once identified, the Ht & Wt were transcribed to the corrected form right away. All caregivers were educated/informed of this entry monthly.</p>	<p>09/20/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Physician evaluated resident for wheelchair use on 7/26/23 and wrote an order for wheelchair with seatbelt. 4/4/23 physical examination has resident assessed as capable of self-preservation. No documented evidence of current re-evaluation for self-preservation since wheelchair order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES</p> <p>Physician is aware of the declining level of care of resident and is set for follow up for re-evaluation of level of care last visit, however, the self-preservation form was not completed.</p> <p>Called physician and form for self-preservation re-assessment was completed.</p>	<p>09/27/2023</p>

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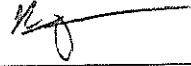
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #4 – No current inventory of belongings. Last inventory recorded was during admission in 01/2021.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes</p> <p>Updated belonging inventory and will add in the checklist of yearly forms to be completed/updated and can be updated as often as necessary.</p>	<p>09/20/2023</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, SCG #3, SCG #4, SCG #5, SCG #6, SCG #7, SCG #8, and SCG #9 - No documented evidence of twelve (12) hours of continuing education.</p> <p>Please submit copies of continuing education as proof of completion.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Education certificate obtained from the staff educator to update the individual staff chart.</p> <p>The staff updates their CNA certificate every two years w/24 hours CE. This PCG assumed that the 24 hours CE for two years meets the criteria for 12 hours yearly CE.</p>	<p>09/29/2023</p>

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Licensee's/Administrator's Signature: Noemi Arzaga
Print Name: Noemi Arzaga
Date: 09/29/2023

Licensee's/Administrator's Signature: 
Print Name: Nelmi Arzaga, PCG
Date: 11/21/2025