

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aliga, Nelly (ARCH)	CHAPTER 100.1
Address: 174 Lukia Street, Hilo, Hawaii 96720	Inspection Date: January 14, 2026 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
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p>FINDINGS Substitute care giver (SCG) #1 – Only Fieldprint result 1/16/25 was available. SCG #2 – Only Fieldprint result 5/8/25 was available.</p> <p>Department background check requirements were not met.</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>① Substitute I found her records of finger print that was dated 3-17-22 and 7-17-2023 I made a copy and put it, in my care home folder</p> <p>② Substitute no1. I talked to her to take 1 more finger print and she schedule to have last Feb. 3, 2026. And she never get her result, as soon as she get I put in my folder for records. I will inform the result</p>	<p style="text-align: center; vertical-align: top;">1-16-26</p> <p style="text-align: center; vertical-align: top;">2-3-26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #3 – Only negative PPD skin test dated 10/2/24 was available. No record that initial tuberculosis clearance was completed.</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><i>I called his primary care physician and made an appointment and show his negative PPD skin test year 9-14-23 and 10-24-2024 and the Dr. fill up another tuberculosis clearance Dr. Kim his primary doctor give step 1 and step 2 skin test. I enclosed the result and I put also a copy to my folder. Both are negative. Step 1 + 2</i></p>	<p style="text-align: center;">1-16-24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #3 – Only negative PPD skin test dated 10/2/24 was available. No record that initial tuberculosis clearance was completed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will make sure that the PPD is completed the tuberculosis clearance when he will take his P.E. yearly. And also I will clarify to my inspector to the requirement so I don't repeat the deficiency again. And I will review 2 months before the inspection months and I will send him to his Dr. to get clearance before his PPD expires</i></p>	<p style="text-align: right;"><i>1-29-26</i></p>

Licensee's/Administrator's Signature: Nelly Aliga

Print Name: Nelly Aliga

Date: ~~1-29-26~~ 2-9-26
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