Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Arzaga Adult Residential Care LLC #2	**CHAPTER 100.1**
Address: **53 Maikai Street, Hilo, Hawaii 96720**	**Inspection Date: July 15, 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
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** Observed expired (in 2024) salad dressing x 2, and fruit jam spread in facility refrigerator.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Expired salad dressing x2 and fruit jam spread were removed and thrown away from the facility refrigerator.	7/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** Observed expired (in 2024) salad dressing x 2, and fruit jam spread in facility refrigerator.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** A checklist was created and posted on the facility refrigerator to ensure that weekly checks are made to identify and remove any expired items. Assigned caregiver(s) on shift will check for expired items every Sunday.The checklist will require the caregiver's initials and date to ensure this task is completed.	7/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) 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. **FINDINGS** Provider ordered "Miralax 17gm PO PRN no BM x 3 days" on 5/1/2025. Medication label reads "Polyethylene Gylcol 3350 17gm packet, 1 packet in to full glass of fluid and drink by mouth daily." Provider order and medication label does not match.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The medication bottle was relabeled as "see new order received on 5/1/2025."	7/24/2025

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☒	§11-100.1-15 Medications. (a) 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. **FINDINGS** Provider ordered "Miralax 17gm PO PRN no BM x 3 days" on 5/1/2025. Medication label reads "Polyethylene Gylcol 3350 17gm packet, 1 packet in to full glass of fluid and drink by mouth daily." Provider order and medication label does not match.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When receiving a new medication order for a pre-existing medication, the caregiver will be responsible for relabeling the medication bottle. RN CM and RN clinical director will also be aware of this change and double-check to ensure that the mediation bottle has been relabeled.	7/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Albuterol inh," "Glucerna," and "Betadine" reordered on 5/1/2025. Aforementioned medications not available in facility during inspection.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This discrepancy was communicated to the RN Case Manager (RN CM). Upon investigation, the medication order for Glucerna and betadine was discontinued on 2/21/2025, which is the reason the medications were not available. A copy of an old physician's order form was used during the appointment on 5/1/2025. A physician medication order form was sent to PCP to indicate that Betadine and Glucerna were discontinued on 2/21/2025 and not reordered on 5/1/2025.	7/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Albuterol inh," "Glucerna," and "Betadine" reordered on 5/1/2025. Aforementioned medications not available in facility during 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?** Caregivers were educated not to make copies of physician forms and to use the blank physician order forms provided monthly by RN CM. Medication reconciliation will be performed monthly or more frequently as needed by caregivers and the RN CM. Caregivers will obtain medication from the pharmacy upon receipt of new medication orders or as soon as available.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) 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. **FINDINGS** Resident #1 – "Glucerna" and "Betadine" ordered by provider on 5/1/2025. Aforementioned medications not recorded on May 2025 – July 2025 medication administration records (MARs).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The medication order for Glucerna and betadine was discontinued on 2/21/2025, which is why the medications were not recorded on the May 2025 – July 2025 MARs. A copy of an old physician's order form was used during the appointment on 5/1/2025. An updated and current medication order list was sent to PCP to indicate that Betadine and Glucerna were discontinued on 2/21/2025 and not reordered on 5/1/2025.	7/24/2025

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☒	§11-100.1-15 Medications. (f) 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. **FINDINGS** Resident #1 – "Glucerna" and "Betadine" ordered by provider on 5/1/2025. Aforementioned medications not recorded on May 2025 – July 2025 MAR.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Caregivers were educated not to make copies of physician forms and to use physician order forms provided by RN CM. This is to ensure that there are no discrepancies and to prevent taking an old physician's order form by mistake.	

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☒	§11-100.1-15 Medications. (f) 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. **FINDINGS** Resident #1 – "Glucerna" and "Betadine" ordered by provider on 5/1/2025. No documented evidence that aforementioned medications were either administered to resident, held by facility, or refused by the resident from May 1, 2025 – July 14, 2025.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (f) 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. **FINDINGS** Resident #1 – "Glucerna" and "Betadine" ordered by provider on 5/1/2025. No documented evidence that aforementioned medications were either administered to resident, held by facility, or refused by the resident from May 1, 2025 – July 14, 2025.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Medication orders and changes will be verified with the updated MAR by caregivers and RN CM. Caregivers were educated not to make copies of physician forms and to use physician order forms provided by RN CM. This is to ensure that there are no discrepancies and to prevent taking an old physician's order form by mistake.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #3 & Resident #5 – "Resident Emergency Information" form not updated. Last update 4/16/2024 and 1/9/2024, respectively.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 4/16/2025 and 1/9/2024 are the dates of resident's admission to the care home. No changes were identified to the resident's emergency information.	7/24/2025

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☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #3 & Resident #5 – "Resident Emergency Information" form not updated. Last update 4/16/2024 and 1/9/2024, respectively.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident emergency information sheet is updated as needed when there is a change identified by family member, POA, or medical providers. The date and initials of the person making the changes will be rewritten on the foot note of document.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (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. **FINDINGS** Resident #3 – No documented evidence of a current inventory of belongings on file for department review. Last inventory dated 4/16/2024.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** An inventory of the resident's belongings was conducted.	7/15/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (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. **FINDINGS** Resident #3 – No documented evidence of a current inventory of belongings on file for department review. Last inventory dated 4/16/2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** An updated spreadsheet was created and filed in the care home binder. This spreadsheet includes the date of the last inventory done on the resident's belongings. The house manager(s) and caregivers will be responsible for reviewing and completing this task annually.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **FINDINGS** Resident #4 – No documented evidence of a signed General Operating Policy & Procedures by the resident and/or resident's family or legal representative on file for department review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The resident's signed policy was misfiled and later located in the back of the resident's chart.	7/15/2025

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☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **FINDINGS** Resident #4 – No documented evidence of a signed General Operating Policy & Procedures by the resident and/or resident's family or legal representative on file for department review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Upon completion of the admission process, the PCG, RN clinical director, and case manager will be responsible for correctly filing the signed policy under the respective tab in the resident's chart. A checkmark next to "Policy and Resident Rights discussed, reviewed on admission and signed by resident, guardian, power of attorney, family (copy to family on request), or responsible agency" will indicate that the signed policy has been filed correctly.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Care plan does not reflect changes made in resident supplement orders on 2/21/2025 and 5/1/2025.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The order for Glucerna was discontinued on 2/21/2025. A physician order form was faxed to the PCP office to indicate the discontinuation of this order as of this date and reordered in error on 5/1/2025.	7/24/2025

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☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Care plan does not reflect changes made in resident supplement orders on 2/21/2025 and 5/1/2025.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Caregivers will communicate changes to the RN case manager upon receipt of new dietary supplement orders. The RN case manager will be responsible for reflecting this change on the resident's care plan and updating the resident's chart.	

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☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Provider ordered "Betadine" on 5/1/2025. Care plan does not reflect most recent order.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Caregivers will communicate changes to the RN case manager upon receipt of new orders. The RN case manager will be responsible for reflecting this change on the resident's care plan and updating the resident's chart.	

Licensee's/Administrator's Signature: _____

Print Name: Emme Furuya Clinical Director for PCG Rudy Arzaga

Date: Jul 24, 2025