

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramelb Adult Residential Care Home	CHAPTER 100.1
Address: 16-1508 35 th Avenue, Keaau, Hawaii 96749	Inspection Date: July 31, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
10/02/2018	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The day of my annual inspection found out expired last month 6/19/2018 of my certification. The same day I did it online to get a certification of First Aid class. Attached a new First Aid certification and CPR.</i></p>	<p><input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p>FINDINGS First aid certification expired.</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
10/07/2025	<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>For the future plan, I will make a list and write down the date of expiration of my first aid certification in my calendar record to avoid this not happen again in the future.</i></p>	<p><input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p>FINDINGS First aid certification expired.</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I made a low acid diet for resident. I revised my regular diet plan made another copy. I reminded/resubmitted those high in acidic in diet plan meals such as: Tomatoes, Ketchup, Tomato sauce, Apples, Lemons, oranges, pineapples, mangoes, cranberries. For yogurt, avoid or reduced orange juice; cranberry juice, lemon juice and other those are acidic foods. I added tartaric fruits are not acidic foods. I made a 4 cycle a low diet plan.</i></p>	<p><input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #2: Low acid diet ordered by physician. No documented evidence low acid diet is being given as ordered.</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
10/02/2025	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p 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>To avoid this deficiency in the future, when a physician orders a special diet to a resident, I will make a diet plan 4 cycles to a resident then write a name of resident & the diet order of a physician. It's played or hang up on my kitchen that is visible.</i></p>	<p><input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #2: Low acid diet ordered by physician. No documented evidence low acid diet is being given as ordered.</p>

Completion Date	PLAN OF CORRECTION	
10/02/2025	<p>RULES (CRITERIA)</p> <p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1: Cardiac diet ordered by physician. No documented evidence cardiac diet is being given as ordered.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected the deficiency by making a 4 weeks cardiac diet plan for a resident. I reviewed my regular 4 weeks diet plan. I removed the fatty foods & red meat. Added apples, orange juice, low sodium and processed foods, orange juice, low sodium and processed foods, orange juice, low sodium and processed foods in my 4 weeks cardiac diet plan as ordered by the physician. I went to a resident primary physician to verify the change of his diet from regular to cardiac diet. Received the diet form 9/25/2025. Primary physician changed regular diet to cardiac diet on their file dated 7/24/2025. Attached the form.</p>

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10/02/2025	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To avoid this happening in the future when I received a new order change of diet to a resident, I will verify to a primary physician why changed the diet order to make sure the right diet to a resident to avoid it doesn't happen again.</i></p>	<p>§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1: Cardiac diet ordered by physician. No documented evidence cardiac diet is being given as ordered.</p>

Completion Date	PLAN OF CORRECTION	
10/02/2015	<p>RULES (CRITERIA)</p> <p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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:</p> <p>FINDINGS Resident #1, #2, #3: Three non self-preserving residents in ARCH. Only two (2) non self-preserving residents permitted.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected the deficiency by verifying to the Primary Physician (APRN). APRN made appointment to a resident made re-assessment. APRN changed the order in self preservation record. We checked the box <input checked="" type="checkbox"/> Apr. is capable of following directions and taking appropriate action for self preservation under emergency conditions. Attached the new self preservation statement dated 9/17/2015.</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
6/02/2025	<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>In my future plan, I mean that when the assessment in the resident, the PCP/APPN made appointment the self preservation record. For self preservation and non self preserving. I am aware that I only allowed for 2 non self-preserving under emergency condition.</i></p>	<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (e)(3)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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</p> <p>Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1, #2, #3: Three non self-preserving residents in ARCH. Only two (2) non self-preserving residents permitted.</p>

Licensee's/Administrator's Signature: *Evelyn C. Ramella*

Print Name: EVELYN C. RAMELLA

Date: 10/04/2025