

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Respicio, Maria	CHAPTER 100.1
Address: 328 Wainohia Place, Hilo, Hawaii 96720	Inspection Date: December 16, 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
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN) on file for department review.</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>The deficiency was corrected by obtaining a current physical examination clearance for Substitute Care Giver #1 from a licenced physician/APRN. The completed physical examination clearance was placed in the caregiver's personnel file and is now available for department review. All required documentation has been verified to ensure compliance with the state regulations.</p>	1/27/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 – No documented evidence of a current physical examination clearance by a physician or APRN on file for department review.</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>To prevent the recurrence, I will maintain a caregiver compliance checklist that includes annual physical examination due dates.</p> <p>All caregiver documentation will be reviewed quarterly and prior to annual inspections to ensure continued compliance with licensing requirements. And to make sure that documentation are reviewed quarterly, I will create a reminder on my phone to review documentations every Jan 1st, April 1st, July 1st and Oct. 1st of each year.</p>	<p>01/27/2026</p>

	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 #1 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file for department review.</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>The deficiency was corrected by obtaining a current tuberculosis clearance for Substitute Care Giver #1 from a licensed physician/APRN. The completed TB clearance documentation was placed in the care-giver's file and is now available for department review.</p>	<p>01/27/2026</p>

	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 #1 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file for department review.</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>To prevent the recurrence, I will maintain a tuberculosis clearance tracking log with due dates for all caregivers.</p> <p>Documentation will be reviewed quarterly and prior to inspections to ensure ongoing compliance. To help me remember, I will create a reminder on my smart phone to review all documentation on the 1st of the each of the following months, Jan 1st, April 1st, July 1st, and Oct. 1st of each year.</p>	01/27/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of an inventory of belongings on admission, on file for department review.</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 style="text-align: center;"><i>I corrected the deficiency by listing all the resident clothing and valuables in the Resident's file. Clothing and Valuable form.</i></p>	<p style="text-align: center;"><i>10-28-25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies. (g)</u> An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of an inventory of belongings on admission, on file for department review.</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>To prevent recurrence, I will ensure that an inventory of personal belongings is completed for each resident at the time of admission and signed by both the resident or resident family and caregiver.</p> <p>Resident files will be reviewed quarterly on Jan 1st, April 1st, July 1st, and Oct 1st of each year to ensure all inventories are present and up to date. And as a reminder to review all documentation, I will create a reminder on my phone to review documentation on the above mention dates.</p>	<p>01/27/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 – Physician ordered “Vitamin D3 5000U, 1 capsule 2 times a week.” Medication bottle expired 3/2025.</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 style="text-align: center;"><i>= I discard the old dated medicine and bought another & updated date.</i></p>	<p style="text-align: center;"><i>12/16/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Vitamin D3 5000U, 1 capsule 2 times a week.” Medication bottle expired 3/2025.</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>To prevent recurrence, I will implement a medication monitoring system that includes monthly medication expiration checks. All medications will be reviewed by me to ensure no expired medications are stored or administered.</p> <p>Expired or discontinued medications will be immediately removed and properly disposed of.</p> <p>To ensure that medication monitoring are being kept, I will create a reminder on my phone to check all medications on the 1st of each month.</p>	01/27/2026

Licensee's/Administrator's Signature: Maria V. Respicio

Print Name: MARIA V. RESPICIO

Date: 01-12-26

Licensee's/Administrator's Signature: Maria S. Respicio

Print Name: Maria Respicio

Date: 01/27/2026