

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Riingen ARCH/Expanded ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 17-559 Ipuaiwaha Street, Keaau, Hawaii 96749</b>	<b>Inspection Date: November 20, 2025 Annual</b>

**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>§§11-100.1-23 <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><b><u>FINDINGS</u></b> Resident #4 – No documented evidence of a current self-preservation evaluation by a physician or advanced practice registered nurse (APRN) on file.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected on 11/20/25. Brought the previously completed Resident Annual Physical Examination Record to resident's Primary Care Provider to correct /revise the form to justify resident's capability as it was omitted on the day of Physical Examination. As per APRN 's revised Resident Annual Physical Examination Record; Resident #4 is NOT ambulatory but she is capable of following directions and taking appropriate action or self preservation under emergency conditions with caregiver's full assist.</p>	<p>11/20/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications.</u> (2)            In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – APRN reordered the following medications on 7/7/2025: “Losartan 50mg tab, 1 tablet PO daily” and “Amlodipine 5mg tab, 1 tab PO daily.” Case management comprehensive assessment dated 9/26/2025 listed the aforementioned medications as such: “Losartan 100mg tab, 1 tablet PO daily” and “Amlodipine 10mg tab, 1 tab PO daily.” List of current medications on comprehensive assessment not consistent with most recent health provider’s medication orders.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
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Licensee's/Administrator's Signature: Benita Riingen

Print Name: Benita Riingen

Date: Jan 26, 2026

Licensee's/Administrator's Signature: Benita Ringen

Print Name: BENITA RINGEN

Date: 02/14/2026