

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> <b>Roselle Ragasa Adult Residential Care Home (ARCH) Corp.</b>	<b>CHAPTER 100.1</b>
<b>Address: 4523 Likini Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: August 6, 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>§11-100.1-9 <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><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Initial 2-step TB clearance unavailable</p> <p>Submit a copy with plan of correction.</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 style="text-align: center;"><i>Copy of SCG #1 initial 2 step TB clearance obtained and made available. Copy was placed on the PCG/SCG's binder.</i></p>	<p style="text-align: center;"><i>8/14/25</i></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><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Initial 2-step TB clearance unavailable</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>A checklist/calendar and a written reminder for PCG/SCG's schedule for annual TB clearances including availability of their 2 step TB clearances on file. Keeping PCG/SCG's TB clearances up to date and available in the PCG/SCG's binder.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Three (3) boxes of Ensure nutritional supplement stored on floor under stairwell</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><i>Boxes of residents ensure supplement were removed under stairwell. Labeled with resident's name and date on each boxes and stored them inside residents pantry.</i></p>	<p style="text-align: center;"><i>8/14/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Three (3) boxes of Ensure nutritional supplement stored on floor under stairwell</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>A checklist/reminder to PCG/SCG's on all residents nutritional supplements was made to ensure that boxes of residents nutritional supplements are labeled with residents name, dated and will be placed in the residents pantry. Whenever nutritional supplements are purchased and/or brought by resident family.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Bottles of Ferrous sulfate and multivitamin stored unlabeled in medication inventory</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 style="text-align: center;"><i>PCG placed a label on the bottles of ferrous sulfate and multivitamin with residents name, medication, dose, route and frequency as prescribed by the physician.</i></p>	<p><i>8/14/25</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Tube of Lotrisone cream (external use) stored amongst internal use medications</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><i>PCG placed the tube of lotrisone cream in a ziploc bag labeled. Segregated using compartment the external or internal use on the resident medication basket/ container.</i></p>	<p style="text-align: right;"><i>8/19/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b>FINDINGS</b>  Resident #1 – Per daily schedule of activities, “10:00-11:00 snack, short activities – music TV”; however, snack was not provided during this time</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Primary Caregiver (PCG) assessment incomplete and missing page 2 for admission on 5/21/25</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #2,3 – Annual TB clearance unavailable</p> <p>Submit a copy with plan of correction.</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><i>Annual TB clearance was obtained for resident #2 + 3 copy/record placed and made available in each resident binder.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(D) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;</p> <p><b>FINDINGS</b> Resident #1 – Resident observed sitting in wheelchair with seatbelt on; however, order for seat belt use unavailable</p> <p>Submit a copy of restraint order with plan of correction.</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 style="text-align: center;"><i>Seat belt use on wheelchair for resident #1. An order was obtained from the resident physician. Copy was placed on resident's binder.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(D) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident observed sitting in wheelchair with seatbelt on; however, order for seat belt use unavailable</p> <p>Submit a copy of restraint order with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>A checklist on any form of restraint will be available including wheelchair seat belt use and making sure <del>any</del> an order is written and will be verified by PCG/SCG's prior implementing it.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E)  Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b>FINDINGS</b>  Resident #1 – Resident has surveillance camera in bedroom; however, camera use policy unavailable</p> <p>Submit a copy of policy with plan of correction.</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 style="text-align: center;"><i>Surveillance camera in residents bedroom was added on the ARCH/EARCH policy.</i></p>	<p style="text-align: center;"><i>8/14/25</i></p>

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<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>FINDINGS</b> Resident #1,4,5 – Three non-self preserving residents residing in facility, exceeding maximum of two NSP residents permitted</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><i>PCG had the self preservation form / statement reviewed and updated by the residents physicians. An updated copies were placed in the residents binders.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(I)(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>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> Resident #1,4,5 – Only one (1) responsible adult/SCG present on premises with three (3) NSP resident present at the start of inspection</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">of the 13 11 12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1)(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>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> Resident #1,4,5 – Only one (1) responsible adult/SCG present on premises with three (3) NSP resident present at the start of inspection</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>A written reminder for PCG/SCG's that for two NSP non self preserving residents living in the care home there should have two SCG's present in the care home with the residents.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b>  Single-use hand towels or assigned reusable hand towels unavailable in shared bathroom</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><i>Placed a disposable roll of paper towel in the resident bathroom and each resident was provided reusable hand towel/face towel with their initials and accessible for each residents use after handwashing and bathroom.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b>  Single-use hand towels or assigned reusable hand towels unavailable in shared bathroom</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>A reminder checklist for PAs / SCGs to maintain disposable / single use hand towel in the bathroom. And for each resident also has reusable hand towel / face towel with their own initials to use after washing hands, and toilet use. Reusable hand towels will be washed every two days and as needed.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Bedroom #3 – Oxygen tank stored in closet</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>Oxygen tank that was stored in the closet of bedroom #3 was removed and placed in a secured safe, cool area away from heat sources and flammable materials, and for direct sunlight.</p>	<p style="text-align: right;">8/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Bedroom #3 – Oxygen tank stored in closet</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Checklist/reminder for PCC's/SCC's not to store any flammable items like oxygen tank in residents room or closet. Any flammable items <del>materials</del> must be stored in a safe, cool area, away from heat sources and/or direct sunlight and flammable materials.</i></p>	<p style="text-align: right;"><i>8/14/25</i></p>

Licensee's/Administrator's Signature:

*Roselle Ragasa*

Print Name:

Roselle Ragasa

Date:

08-14-2025