

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A. Nishioka Family Care Home Inc.	CHAPTER 100.1
Address: 605 Kaumana Drive, Hilo, Hawaii 96720	Inspection Date: November 12, 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> (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> Substitute care giver (SCG) #2 – DOH Tuberculosis clearance (TB) document F was not used for annual TB clearance.</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>SCG #2 completed a TB skin test on 04/24/25; however, Department of Health (DOH) TB document F initiated by the DOH on 05/07/25 was not completed. SCG #2 was evaluated by a physician on 11/14/25 and TB document F completed. Copy obtained and filed in the care home binder for DOH OHCA review at subsequent inspections.</p>	<p>11/14/2025</p>

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<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> Substitute care giver (SCG) #2 – DOH Tuberculosis clearance (TB) document F was not used for annual TB clearance.</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>In the future, DOH TB document F will be completed by a physician/ APRN for all caregivers/employees and residents.</p>	<p>11/19/2025</p> <p style="text-align: right; font-size: small;">NOV 19 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – First aid certification was obtained online.</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>Primary care giver (PCG) was not aware that online first aid certification was not accepted by the DOH OHCA. PCG informed all caregivers that online first aid certification was not accepted by the DOH OHCA. SCG #1 obtained a copy of her in-person first aid certification completed with a local instructor on 11/12/24 (expiration 11/12/26). Copy filed in care home binder for DOH OHCA review during subsequent inspections.</p>	<p>11/17/2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – First aid certification was obtained online.</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>Primary care giver (PCG) checks expiration date of required clearances monthly and notifies caregivers of upcoming expiration. In the future, PCG will notify SCG of upcoming expiration and schedule the SCG for an in-person bi-annual CPR and first aid certification course.</p>	<p>11/19/2025</p>

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	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><u>FINDINGS</u> Resident #1 – Resident’s name and dosage were not noted on the “Mag 64” bottle.</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>Resident #1 - over-the-counter (OTC) medication was properly labeled immediately by the PCG with the resident's name and physician order as prescribed. The PCG wrote the resident's name and physician order on an Avery label and placed it on the OTC medication bottle, being careful not to cover the manufacturer's label of the name of the medication, dosage and expiration date.</p>	<p style="text-align: center;">11/12/2025</p> <p style="text-align: right; font-size: small;">STATE EMPLOYMENT NOV 19 6 19 AM '25</p>

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☒	<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><u>FINDINGS</u> Resident #1 – Resident's name and dosage were not noted on the "Mag 64" bottle.</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>The PCG placed a bin labeled "unlabeled OTC medications" in the bottom drawer of the medication cart for all OTC medications brought in by the family to be properly labeled by the PCG. PCG will check the bin daily and immediately create a label with the resident's name and physician order. PCG will place the label on the OTC medication bottle and place the labeled medication in the resident medication bin.</p>	<p>11/19/2025</p> <p style="text-align: right;">25 NOV 19 P 1:09 STATE</p>

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Licensee's/Administrator's Signature: Jill Nishioka

Print Name: Jill Nishioka

Date: Nov 19, 2025

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