

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ronidel Care Home	CHAPTER 100.1
Address: 94-407 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: November 13, 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>§11-100.1-10 <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> Inventory of all personal items brought into the Type I ARCH by the resident was not maintained for the following:</p> <ol style="list-style-type: none"> 1. Resident #2- last maintained 7/6/23. 2. Resident #3- last maintained 7/17/24. 	<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>	

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<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> Inventory of all personal items brought into the Type I ARCH by the resident was not maintained for the following:</p> <ol style="list-style-type: none"> 1. Resident #2- last maintained 7/6/23. 2. Resident #3- last maintained 7/17/24. 	<p>PART 2</p> <p><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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date										
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #4- No documented evidence that the physician was notified regarding the fluctuating weight change as documented in the progress notes:</p> <table border="1" data-bbox="289 662 932 914"> <thead> <tr> <th data-bbox="289 662 615 727">Date & Weight in Pounds</th> <th data-bbox="615 662 932 727">Progress Note Documentation</th> </tr> </thead> <tbody> <tr> <td data-bbox="289 727 615 760">March 2025- 175</td> <td data-bbox="615 727 932 760">N/A</td> </tr> <tr> <td data-bbox="289 760 615 792">April 2025- 168</td> <td data-bbox="615 760 932 792">Has a good appetite</td> </tr> <tr> <td data-bbox="289 792 615 857">May 2025- 174.3</td> <td data-bbox="615 792 932 857">Good appetite 100%, N (No) to weight change</td> </tr> <tr> <td data-bbox="289 857 615 914">June 2025- 167.1</td> <td data-bbox="615 857 932 914">100% in eating, N (No) to weight change</td> </tr> </tbody> </table>	Date & Weight in Pounds	Progress Note Documentation	March 2025- 175	N/A	April 2025- 168	Has a good appetite	May 2025- 174.3	Good appetite 100%, N (No) to weight change	June 2025- 167.1	100% in eating, N (No) to weight change	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	
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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____