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
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Inventory of all personal items brought into the Type I ARCH by the resident was not maintained for the following: 1. Resident #2- last maintained 7/6/23. 2. Resident #3- last maintained 7/17/24.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I updated the inventory of all personal belonging to resident #2 and resident #3 right after the recertification day.	11/13/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Inventory of all personal items brought into the Type I ARCH by the resident was not maintained for the following: 1. Resident #2- last maintained 7/6/23. 2. Resident #3- last maintained 7/17/24.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use spread sheet to keep track the expiration dates for inventory of personal belonging. I will review the spread sheets for expiration dates two months before expiration.	11/13/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (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. **FINDINGS** Resident #4- No documented evidence that the physician was notified regarding the fluctuating weight change as documented in the progress notes:	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (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. **FINDINGS** Resident #4- No documented evidence that the physician was notified regarding the fluctuating weight change as documented in the progress notes:	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure to document all the fluctuating weight changes and notified the physician in the progress notes all the time. I will create a checklist to document any weight loss more or less a 5 lbs. and put the checklist in my office area and I will refer this checklist when I do my monthly audit.	11/26/25

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1- Individualized Service Plan (ISP) documented expanded services effective 11/1/24, however, no documented evidence of case management services started since the effective date.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained the Individualized Service Plan for my resident #1 and placed in the binder. I will contact case manager due to resident being expanded.	01/10/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1- Individualized Service Plan (ISP) documented expanded services effective 11/1/24, however, no documented evidence of case management services started since the effective date.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to admission i will use the admission checked list to make sure i have all the admission documents. For clarification resident #1 is a DD client.	01/10/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver. **FINDINGS** Resident #1- No documented evidence of case manager training for the primary care giver (PCG) and substitute caregiver (SCG) to ensure that all services and interventions are provided to the expanded resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained a PCG/SCG training to my case manager and placed in a binder.	12/22/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver. **FINDINGS** Resident #1- No documented evidence of case manager training for the primary care giver (PCG) and substitute caregiver (SCG) to ensure that all services and interventions are provided to the expanded resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use a PCG/SCG training checklist to keep track of all the training documents needed for PCG/SCG.	12/22/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained the case manager services and placed in the binder. I will contact case manager due to resident being expanded.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to admission i will use the admission checklist to make sure i have all the admission documents.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a)(1) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: Possesses a bachelor's degree in nursing and current license to practice in the State of Hawaii; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained a case manager services and placed in the binder. I will contact case manager due to resident being expanded	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a)(1) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: Possesses a bachelor's degree in nursing and current license to practice in the State of Hawaii; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to admission i will use the admission checklist to make sure i have all the admission documents.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs since effective date of 11/1/24.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained the interim care plan to case manager and placed in the binder.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs since effective date of 11/1/24.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to admission i will use a case manager checklist to make sure i have all the admission documents and if training is necessary. I will remind the case manager to give me a interim plan within forty eight hours.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs since effective date of 11/1/24.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained the monthly care plan to resident #1 and placed to binder.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs since effective date of 11/1/24.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to admission i will use a case manager checklist to make sure i have all the admission documents.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs since effective date of 11/1/24 with monthly visits.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained a monthly visit to case manager and placed to binder.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs since effective date of 11/1/24 with monthly visits.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use case management checklist to make sure i have all the case management documents especially the monthly visit.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs since effective date of 11/1/24 with six month comprehensive reassessments.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I obtained a monthly visit to case manager and placed to the binder.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1- No documented evidence of case management services provided for the expanded resident to plan, locate, coordinate and monitor comprehensive services to meet the individual needs since effective date of 11/1/24 with six month comprehensive reassessments.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use case management checklist to make sure i have all the case management document especially the monthly visit.	01/12/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-90 Expanded ARCH resident's rights. (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to: Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided; **FINDINGS** Resident #1- No documented evidence that the expanded resident and/or resident's family, legal guardian, surrogate, or representative was fully informed, orally and in writing, prior to admission date of 11/1/24, of individual rights and responsibilities and of all rules governing the expanded resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I updated the general policy for an expanded residents and placed in a binder.	01/15/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-90 Expanded ARCH resident's rights. (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to: Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided; **FINDINGS** Resident #1- No documented evidence that the expanded resident and/or resident's family, legal guardian, surrogate, or representative was fully informed, orally and in writing, prior to admission date of 11/1/24, of individual rights and responsibilities and of all rules governing the expanded resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Prior to admission i will use the expanded general policy checklist to make sure i have all necessary documents especially the general policy procedures.	01/15/26

Licensee's/Administrator's Signature: Milagros A. Ronidel

Print Name: Milagros A. Ronidel

Date: Jan 30, 2026

mronidel
milagros Ronidel
April 21, 2026