

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Roselle Ragasa Adult Residential Care Home (ARCH) Corp.	Chapter: 100.1
Address: 4523 Likini Street, Honolulu, Hawaii 96818	Inspection Date: June 2, 2026 Relicensing Inspection

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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.

RULE (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-3 Licensing. (b)(1)(I)</p> <p>Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS:</u></p> <p>Primary Caregiver, Substitute Caregivers #1-3 – Two consecutive years of Fieldprint Clearance unavailable</p> <p>Submit a copy of 2026 Fieldprint clearances with plan of correction</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>	

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<p>§11-100.1-15 Medications. (a)</p> <p>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></p> <p>Resident #1 – Bottle label states, “Hydroxyzine HCL 10 mg Tablet Take 1 tablet by mouth three times a day as needed”; however, label does not include PRN indication</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>	

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<p>§11-100.1-16 Personal care services. (i)</p> <p>The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident’s physician or APRN.</p> <p><u>FINDINGS:</u></p> <p>Resident #1 – Current pneumococcal vaccination unavailable</p> <p>Submit evidence of vaccination or declination statement with plan of correction</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>	

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<p>§11-100.1-17 Records and reports. (a)(4)</p> <p>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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS:</u></p> <p>Resident #2 – Initial 2-step TB clearance unavailable</p> <p>Submit a copy with plan of correction</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>	

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<p>§11-100.1-17 Records and reports. (b)(1)</p> <p>During residence, records shall include: 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><u>FINDINGS:</u></p> <p>Resident #1,3 – Current annual physical exam unavailable for review</p> <p>Submit a copy with plan of correction</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>	

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<p>§11-100.1-20 Resident health care standards. (e)</p> <p>Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS:</u></p> <p>Resident #1 – Annual dental exam unavailable</p> <p>Submit evidence of annual dental exam or declination statement from resident with plan of correction</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>	

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<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)</p> <p>Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS:</u></p> <p>Resident #1 - No documented evidence resident was informed in writing at the time of admission on 9/28/23 of services available and related charges</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E)</p> <p>Residents' rights and responsibilities: Each resident shall: 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><u>FINDINGS:</u> Resident #1 – Video surveillance consent does not include the following information:</p> <ul style="list-style-type: none"> • Whether surveillance camera has recording and/or audio capability • If recording capabilities – if recording will be done, the length of time the tape will be retained by the facility, where it'll be stored, and when and how it will be discarded • Location of the surveillance camera monitor and who will have access to the monitors • Duration of use of the cameras • If cameras are used, a procedure for ensuring privacy during care and visits with family/friends • Plan for monitoring the use of cameras • Right of the resident/POA to decline camera use <p>Submit a copy of revised signed surveillance consent with plan of correction</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>	

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Licensee's/Administrator's Signature:

Print Name:

Date: