

2/24/26

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tadeo	CHAPTER 100.1
Address: 17-566 S. Ipu'aiwaha Street, Keaau, Hawaii 96749	Inspection Date: February 11, 2026 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).

RECEIVED

FEB 24 2026

	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) #1 – No current annual tuberculosis 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>Made an appointment for (SCG)#1 with physician to get a skin test on 02/17/26, and appointment on 02/19/26 for skin reading result.</p>	<p>02/19/2026</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1</p> <p>-Orders dated 10/7/2025 and 10/31/2025 were Losartan 25mg/daily. Medication administration (MAR) listed Losartan Potassium 25mg take 1 tab by mouth every other day. PA-U also signed and dated on the MAR on 10/7/2025.</p> <p>-Orders dated 10/7/2025 and 10/31/2025 were Metformin 500mg daily. MAR listed Metformin HCL 500mg take 1 tab by mouth twice a day with meals. PA-U also signed and dated on the MAR on 10/7/2025.</p> <p>Medication orders and MAR that were signed by PA-U on 10/7/2025 were not consistent. Please clarify with the PA-U or physician.</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>Obtained both telephone order and signature from physician on 2/11/26, filled out PHYSICIAN/APRN RECORD with the clarification/ new medication order. Medication order for Resident #1 Losartan Potassium 25mg, Take 1 tablet by mouth every other day. Metformin HCL 500mg, Take 1 tablet by mouth twice a day with meals.</p>	<p>02/11/2026</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No record that fire drill was conducted in January 2026.</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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Licensee's/Administrator's Signature: Rianalyn T Handy

Print Name: Rianalyn T Handy

Date: Feb 24, 2026