

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|                                                                       |                                                 |
|-----------------------------------------------------------------------|-------------------------------------------------|
| <b>Facility's Name:</b> Blandina S. Retuta LLC                        | <b>CHAPTER 100.1</b>                            |
| <b>Address:</b><br>94-1116 Kahua'i'i ni Street, Waipahu, Hawaii 96797 | <b>Inspection Date:</b> February 4, 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).**

|                                     | <b>RULES (CRITERIA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>PLAN OF CORRECTION</b>                                                                                                                                                                                                                                                                                                                                                                         | <b>Completion Date</b> |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (e)<br/>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.</p> <p><b><u>FINDINGS</u></b><br/>Substitute care giver (SCG)- No documented evidence that the SCG was trained to ensure that all services and interventions are indicated in the expanded ARCH resident's care plan.</p> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Immediate training provided to substitute care giver to ensure that all services and interventions are indicated in the expanded ARCH resident's care plan.<br/>Documentation of completed training located in Care Home Record binder.</p> | 02/07/2025             |

|                                     | <b>RULES (CRITERIA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>PLAN OF CORRECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Completion Date</b> |
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Licensee's/Administrator's Signature: Blandina S. Retuta

Print Name: Blandina S. Retuta

Date: Mar 2, 2025