

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Promise ARCH	CHAPTER 100.1
Address: 4330 Laakea Street, Honolulu, Hawaii, 96818	Inspection Date: March 8, 2023 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DGH-OHCA  
STATE LICENSING

23 JUN 30 P 2:04

Island Promise Homes LLC dba Island Promise ARCH I  
 430 Laakea St, Honolulu Hawaii 96816

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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><b><u>FINDINGS</u></b>            Substitute care giver #2: No documented evidence of fieldprint background check.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">see attached</p>	<p style="text-align: center;"><i>Anto Felipe</i>            5/25/2022</p> <p style="text-align: center;">73 JUN 30 P2 04</p> <p style="text-align: center;">STATE OF HAWAII            DCH-CHCA            STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)            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><b><u>FINDINGS</u></b>            Resident #2: Vitamin B12 unlabeled in medication cabinet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">see attached</p>	<p style="text-align: right;">5/25/2013</p> <p style="text-align: right;"><i>Ante Felipe</i></p> <p style="text-align: right;">23 JUN 30 P2 04</p> <p style="text-align: right;">STATE OF HAWAII            DOR-ORCA            STATE LICENSING</p>

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~~430~~ 4330 Laakea St, Honolulu HI 96818

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B)            Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b>FINDINGS</b>            Fire exit obstructed with ladder and chairs.</p>	<p>PART 1</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>see attached</p>	<p><i>Artha Felipe</i>  <i>5/25/2023</i></p> <p>23 JUN 30 P2:04</p> <p>STATE OF HAWAII            DOH-DHCA            STATE LICENSING</p>

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Island Promise Homes LLC  
Dba Island Promise Adult Residential Care Home I  
4330. Laakea St. Honolulu Hawaii 96818  
CHO Anita Felipe, RN, BSN  
Cell: 808-428-0990

Inspection Date: March 8, 2023  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

11-100 1-3 Licensing. (b)(1)(I) Application

Findings: Substitute care giver # 2: No documented evidence of field print background check

Part 1: Substitute caregiver had her Fingerprint done on May 30, 2023 and awaiting Result.

Part 2: CHO created a checklist for all requirements of all incoming caregivers. All Requirements according to DOH/OCHA are fulfilled and all documents are inputted in the staff folder. CHO will make sure the checklist is followed and checked accordingly. CHO will put a post it sticker on the bulletin board for the substitute caregiver next Fingerprint will be in 2025.

11-100. 1-15 Medications. (a)

Findings: Resident # 2 Vitamin B12 unlabeled in medication cabinet

Part 1: Over the counter medication was labeled with the patient's name, dose, frequency, route and name of medication.

Part 2: CHO will put a yellow post it notes near the medication cabinet to remind staff To label all over the counter medications with resident's name, dose, frequency., Route and name of medications. CHO to check the medicine labels everyday and if Put medicine labels right away.

11-100 1-23 Physical environment. (g)(3)(B)

Findings: Fire exit obstructed with ladder and chairs

Part 1: All clutter ( ladder and chairs) that were obstructing the fire exit were removed.

Part 2: Note was posted on the wall near all the exits to remind all staff to avoid obstructing the exits

*Anita Felipe*

Anita Felipe, RN, BSN

June 30, 2023

STATE OF HAWAII  
DOH-OCHA  
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23 JUN 30 P2:04



Island Promise ARCH I  
4330 Laakea St, Honolulu HI 96818

Licensee's/Administrator's Signature: Anita Felipe

Print Name: Anita Felipe

Date: 5/25/2023

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