

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

24 MAY -6 P 3:32

Facility's Name: Island Promise ARCH	CHAPTER 100.1
Address: 4330 Laakea Street, Honolulu, Hawaii 96818	Inspection Date: March 25, 2024 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).**

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

24 MAY -6 P 3:32

	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>  Primary Care Giver (PCG): No current documented evidence stating care giver has no prior felony or abuse convictions in a court of law.</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;"><i>See attached</i></p>	<p style="text-align: right;"><i>Amelia Felipe</i>  4/8/2024</p>

	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>  PCG: No current documented evidence stating care giver has no prior felony or abuse convictions in a court of law.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>4/9/24</i></p> <p style="text-align: center;"><i>Ante Felipe Ros</i></p>

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 25, 2024 ( Annual)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

11-100.1-3 Licensing. (b)(1)(1)

Part 1 Correction: The PCG obtained a fingerprint on 4/3/2024, result was issued on 4/9/2024 and received A Green Light Determination. Last Fingerprint was On 10/12/2022

Part 2 Future plan : PCG created a checklist of all the requirements to be done by all Staff annually and before start of employment to the ARCH. All documents obtained in compliance of all required documents will be check by the PCG and stored in the PCG folder and ready for any day inspection. PCG will check the Staff requirements weekly, monthly and annually. The near due requirements are posted in the bulletin board as reminder. Post a reminder that after the initial fingerprint, the obtain another fingerprint the following year and every 2 years thereafter.

*Anita Felipe RP*  
Anita Felipe  
4/12/2024

	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><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #3 – No documented evidence of a current tuberculosis clearance signed by a physician or advanced practice registered nurse (APRN).</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;"><i>See attached</i></p>	<p style="text-align: center;"><i>Aruba Felix</i> <i>4/5/2024</i></p>

	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><b><u>FINDINGS</u></b> SCG #3 – No documented evidence of a current tuberculosis clearance signed by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p><i>Ante Felipe</i> <i>4/5/2024</i></p>

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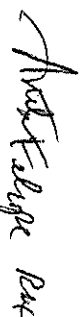
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

#### 11- 100.1-9 Personnel,, staffing and family requirements. (b)

Part 1 Correction: This SCG # 3 is no longer work with Island Promise ARCH I

Part 2 Future Plan : PCG created a checklist for annual and incoming staff.

The PCG will check off the list of requirements to make sure that all documents are incompliant with the OCHA requirements. All staff that have near due requirements like Annual PE, TB Clearance, Fingerprint and other requirements are posted in the bulletin board as reminder or place post it reminder on the staff folder. All completed documents are stored in the CHO/Staff Folder.

  
Anita Felipe

4/5/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #2 – No documented evidence a current care giver training to make medications available to residents on file.</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;"><i>See attached</i></p>	<p style="text-align: right;"><i>3/25/2024</i></p> <p style="text-align: right;"><i>Miss Felicia R</i></p>



ISLAND PROMISE. HOMES. LLC  
 dba Island Promise , ARCH 1 & 2

STAFF	P.E.	Finger Frint	CEU	TB Clearance	ID	CPR
	Initial	1st and 2nd year	License	Initial	Picture	Initial
	Annually	then every 2 years	Initial then	Annually	Initial	Annually
			Annually			

MAY 06 2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #2 – No documented evidence a current care giver training to make medications available to residents on file.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>4/11/2024</i></p> <p style="text-align: center;"><i>Theresa Kelpner</i></p>

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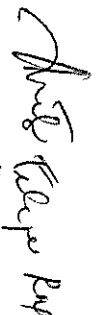
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

11-100.1-9 Personnel , staffing and family requirements. (e) (4)

Part 1 Correction: Primary Caregiver and Substitute Caregiver Training Form  
Was check off by the PCG with SCG #2. The form was signed by the  
PCG and stating both names of the PCG and staff being trained.

Part 2 Future Plan: PCG made a checklist for all the OCHA requirements with the incoming  
Personnel in the care home. The PCG makes sure that this list is done.  
All forms are check off by the PCG and inputted in the CHO or staff folder.  
Any missing forms are tagged with post it as reminder. Staff Folder will  
be check by the CHO weekly/monthly.

  
Anita Felipe  
4/11/2024

ISLAND PROMISE. HOMES. LLC  
 dba Island Promise ARCH 1 & 2

STAFF	P.E.	Finger Frint		CEU/ Training	TB Clearance	ID	CPR
	Initial	1st and 2nd year		License	Initial	Picture	Initial
	Annually	then every 2 years		Initial then	Annually	Initial	Annually
				Annually			

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #4 &amp; Resident #5 – Physician ordered “Pureed” and “Pureed with honey-thickened liquid.” No specified diet ordered.</p>	<p style="text-align: center;">PART 1</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;"><i>See attached</i></p>	<p style="text-align: right;"><i>Arith Felipe RN</i></p> <p style="text-align: right;"><i>4/17/2024</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #4 &amp; Resident #5 – Physician ordered “Pureed” and “Pureed with honey-thickened liquid.” No specified diet ordered.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: right;"><i>Arith Felipe Rr</i></p> <p style="text-align: right;"><i>4/17/2024</i></p>

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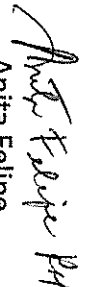
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

11-100.1-13 Nutrition (1)

Part 1 Correction : This PCG clarified the diet order from the physician. PCG was able to obtain the Regular Puree Diet, MD sent the order, noted by PCG and Inputted in the resident's folder.

Part 2 Future Plan: When getting new Diet order, PCG has to clarify order given if not Specific. PCG will clarify with the doctor about the consistency and Specific type. As a reminder to ask the doctor, place a post it tag and posted on the bulletin board.

  
Anita Felipe  
4/17/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Bisacodyl 10mg supp.” Aforementioned medication not available in facility for resident use.</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;"><i>See attached</i></p>	<p style="text-align: center;"><i>4/5/2024</i></p> <p style="text-align: center;"><i>Arthur Felipe Ruiz</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Bisacodyl 10mg supp.” Aforementioned medication not available in facility for resident use.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: right;"><i>4/5/2024</i> <i>Dr. Felipe Ruiz</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b>FINDINGS</b> Observed unlabeled small plastic cup with five (5) loose pills unsecured on pantry shelf.</p>	<p style="text-align: center;">PART 1</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;"><i>See attached</i></p>	<p style="text-align: center;"><i>4/5/2024</i></p> <p style="text-align: center;"><i>Arts Felipe Rd</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Observed unlabeled small plastic cup with five (5) loose pills unsecured on pantry shelf.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>Ante Felipe</i> <i>4/5/2024</i></p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

11-100.1-15 Medications ( 1 )

Part 1 Correction: Staff was reprimanded by the PCG to put away her personal Medications and label the medicine cup containing with her name.

Part 2 Future Plans: PCG posted a notice in the home not to leave any unlabeled medicine cup that contains medicines.

  
Anita Felipe, RN  
4/5/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>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><b><u>FINDINGS</u></b> Resident #5 – No documented evidence of a current level of care evaluation signed by a physician or APRN.</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;"><i>See attached</i></p>	<p style="text-align: center;"><i>5/1/2024</i></p> <p style="text-align: center;"><i>Priscilla Felipe RN</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(1) During residence, records shall include:</p> <p>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><b><u>FINDINGS</u></b> Resident #5 – No documented evidence of a current level of care evaluation signed by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: right;"><i>5/6/2024</i></p> <p style="text-align: right;"><i>With Felipe Ruiz</i></p>

MAY 06 2024

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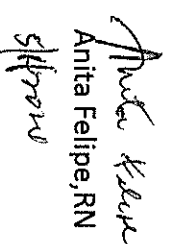
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### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

#### 11-100.1-17 Records and Reports (b) (1)

Part 1 Corrections: PCG called the PCP's office to notify the doctor to update the level of Care since the resident's condition changed, she's now on hospice.

Part 2 Future Plans : When resident's level of care change, PCG will make sure that the Level of Care Form is updated. Patient's doctor will change the level of care according to the ongoing condition of the resident. Reminder notes are posted to change the Resident's Level of Care when resident's condition changed.

  
Anita Felipe, RN

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>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><b><u>FINDINGS</u></b> Resident #2, Resident #3, Resident #4, and Resident #5 – No documented evidence of a current tuberculosis clearance signed by a physician or APRN.</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><i>See attached</i></p>	<p><i>Marta Polype</i></p> <p><i>4/25/2024</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(1) During residence, records shall include:</p> <p>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><b><u>FINDINGS</u></b> Resident #2, Resident #3, Resident #4, and Resident #5 – No documented evidence of a current tuberculosis clearance signed by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: right;"><i>Ante Felix 4/28/2024</i></p>

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#### 11-100.1-17 Records and Reports (b) (1)

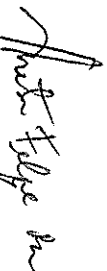
Part 1 Corrections : Resident # 2 PCG obtained the TB clearance result which was done by Quantiferon on 12/6/2023, result was negative, faxed to the home  
On 4/26/2024

Resident # 4 PPD was given on 4/11/2024, it was read on 4/13/2024

Resident # 3. PPD result that was read by PCG was faxed to the PCP's Office. PCP countersigned the PPD result.

Resident # 5 PPD result that was read by the PCG has been faxed to PCP's office. PCP countersigned the PPD result.

Part 2 Future Plans: PCG created a checklist for all patient's annual requirements to be Obtain and updated before the due date. Post it reminders posted to make sure that these requirements are done before the due date.

  
Anita Felipe, RN

4/28/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b>            Resident #2, Resident #4, and Resident #5 – No documented evidence of a current inventory of belongings on file since admission.</p>	<p style="text-align: center;">PART 1</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;"><i>See attached</i></p>	<p><i>Ante Elzoh</i>  <i>4/5/24/pc</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #2, Resident #4, and Resident #5 – No documented evidence of a current inventory of belongings on file since admission.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: right;"><i>Arnell F. [Signature]</i> 4/5/2024</p>

MAY 06 2024

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 25 , 2024 ( Annual)

### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

#### 11-100.1-19 Resident Accounts (d)

Part 1 Correction : Resident #2, Resident #4 and Resident # 5 current inventory of  
Belonging on file was updated on 3/25/2024

Part 2 Future Plans PCG created a checklist of the resident that needed to be updated  
Annually. Post it reminders are posted when near the due date of  
Updating the forms.

  
Anita Felipe ,RN

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #2 &amp; Resident #4 – No documented evidence of a current self-preservation status signed by a physician or APRN.</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;"><i>See attached</i></p>	<p style="text-align: right;"><i>4/5/2024</i></p> <p style="text-align: right;"><i>[Signature]</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #2 &amp; Resident #4 – No documented evidence of a current self-preservation status signed by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p><i>Arto Fajal</i></p> <p><i>4/5/2024</i></p>

MAY 06 2024

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Inspection Date: March 25, 2024 (Annual)

### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

#### 11-100.1-23 Physical Environment (g) (3) (i)

Part 1 Correction: Resident # 2 Last Self Preservation Form was dated 10/18/2023

Resident # 4 Last Self Preservation form was dated 3/7/2023

PCG notified the PCP's office regarding updating the Self Preservation form. The PCG was told by PCP office that the form will be updated on the next visit since there's no difference from the last visit which was 3/1/2024 the next visit will be on June 7, 2024 @ 0900.

Part 2 Future Plans : PCG created a checklist for all the required to assess and forms to be updated annually. Post it reminders are inputted on the blank Self preservation form and placed inside the resident's folder. Reminders are posted to be done before the due date.

  
Anita Felipe, RN



Licensee's/Administrator's Signature: Anita A. Felipe

Print Name: Anita A. Felipe

Date: 4/5/2024

STATE OF FLORIDA  
DOH-81001  
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