

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Angel Home For Seniors	CHAPTER 100.1
Address: 1315 Kupau Street, Kaneohe, Hawaii 96734	Inspection Date: February 24, 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).**

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
2.25.26	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>2.25.26 - PCG called RN case manager to complete a face-to-face visit documentation for December 2025 and January 2026 to be completed by the end of February 2026 when she makes her visit for February 2026.</p>	<p><input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services. (c)(8)</u></p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 – No documented evidence that the registered nurse (RN) case manager (CM) completed a face-to-face contact visit in December 2025 and January 2026. Due for a visit in February.</p> <p><i>Submit documentation of the February visit with your plan of correction (POC).</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;  <b><u>FINDINGS</u></b> Resident #1 – No documented evidence that the registered nurse (RN) case manager (CM) completed a face-to-face contact visits in December 2025 and January 2026.	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this from happening again PCG will ensure that all case manager documentations will be completed and file on a timely manner. PCG will also pay attention for accuracy and spot check on a monthly basis. PCG will create a check list for all monthly documents and ensure that they are completed, assign, train a SCG to be responsible for the monthly check list to assist PCG to ensure documents accuracy and be filed on a timely manner.</p>	2.25.26

*Arcelie Cabel*

Licensee's/Administrator's Signature:

Print Name: Arcelie Cabel

Date: 02/25/2026