

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: E &amp; J Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 74-797 Uluu'oa Street, Kailua-Kona, Hawaii 96740</b>	<b>Inspection Date: February 17, 2026 Annual</b>

**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).**

	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 (SCG) #4 – No current documented evidence that care giver has no prior felony or abuse convictions in a court of law, on file for department review.</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>No. Care giver # 4 went to the Philippines last February 18, 2026 and she told me that she will come back some time in June of this year. She bought one way ticket only, and that's why she is not sure of the exact date of her return. So at this time, I took her name out as one of my care givers in my care home binder.</p>	<p>3/20/26</p>

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<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>  SCG #4 – No current documented evidence that care giver has no prior felony or abuse convictions in a court of law, on file for department review.</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><i>This is what I will do in the future to ensure that this deficiency will not happen again:</i></p> <p><i>a) I will list the names of all the care givers in the E+J ARCH/EX ARCH Chart of Important Activities. A copy of this form is attached in this POC.</i></p> <p><i>b) I will put the chart in the back of my care home binder for easy to see.</i></p> <p><i>c) I will review the documents at least once a month, that's when I do the fire drill.</i></p> <p><i>d) I will have the licensee review the chart at least every month to make sure I did not overlooked anything.</i></p>	<p>4/09/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (a)            All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b>            SCG #2, SCG #3 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN) on file. Last documented clearance dated 1/23/2025.</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>Yes. I notified SCG #3 and #2, told them that their P.E. are expired. I called their PCG and made an appointment for both of them. A copy of their P.E. is attached on this Plan of Correction.</i></p>	<p style="text-align: center;"><i>3/19/26</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3 – No documented evidence of a current physical examination clearance by a physician or APRN on file. Last documented clearance dated 1/23/2025.</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>I will make a table of all the care givers information that shows the date of expiration and put it in the Care Home Book Cover for easy to see. Also, I let the care givers to have their own records also, so that they can remind me when its due for renew.</i></p>	<p style="text-align: center;"><i>3/20/26</i></p>

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	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 #2, SCG #3 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file. Last documented clearance dated 1/23/2025.</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>I notified SCG # 2 and # 3 that their T.B. clearance had expired. I called their PCP and made an appointment for both of them. A copy of the T.B. Clearance is attached on this plan of correction.</i></p>	<p style="text-align: center;">3/22/26</p>

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<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> SCG #2, SCG #3 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file. Last documented clearance dated 1/23/2025.</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>I will make a table that shows all the names of the care givers, that shows when their important documents are expiring and put it in the Care Home Book cover for easy to see. Also, I will ask also the care givers to make a copy of the dates of their documents so that they can remind me when it is time to renew them.</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident #3 – Resident admitted to facility on 11/10/2025. Admission not documented on facility's permanent resident register.</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>Yes. As soon as I learned that I forgot to register resident #3 on my Resident register I corrected the deficiency.</i></p>	<p style="text-align: center;">2/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident #3 – Resident admitted to facility on 11/10/2025. Admission not documented on facility’s permanent resident register.</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>Whenever I admit a new client I will complete all the information that is required by the Department. After, I completed it, I will review it again to be sure I did not miss anything. Also, I will ask another caregiver to review my recordation.</i></p>	<p style="text-align: center;">3/20/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> SCG #2, SCG #3 – No documented evidence of twelve (12) continuing education hours completed within the past twelve (12) months 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><i>Yes. I talk to SCG #2 and SCG #3 that they needed to have 12 hours of continuing education. I called this nurse if she can give my substitute care givers classes to them and she did. A copy of their certificate is attached on this plan of correction</i></p>	<p>3/08/26 3/15/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3 – No documented evidence of twelve (12) continuing education hours completed within the past twelve (12) months 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><i>I will make a table that shows the expiration of these important documents and put it in my CareHome Binder cover for easy to see. I will also ask my care givers to have a record of their own and so they can also remind me when it is time to renew.</i></p>	<p style="text-align: center;">3/20/26</p>

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Licensee's/Administrator's Signature: Evangelina D. Reyes

Print Name: Evangelina D. Reyes

Date: 3/23/26

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Licensee's/Administrator's Signature: Jessie F. Reyes

Print Name: Jessie F. Reyes (PCG)

Date: 4/09/26