

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Care Home LLC	CHAPTER 100.1
Address: 151 Chong Street, Hilo, Hawaii, 96720	Inspection Date: November 14, 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).

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DEC 28 2025

	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><u>FINDINGS</u> Primary Caregiver (PCG) and Substitute Caregiver #1— 'TB Document F: State of Hawaii TB Clearance Form' was not completed for annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The primary caregiver and substitute caregiver TB document F, State of Hawaii. TB. Clearance form now completed for annual tuberculosis</p>	<p>12-12-2025</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Primary Caregiver (PCG) and Substitute Caregiver #1— 'TB Document F: State of Hawaii TB Clearance Form' was not completed for annual tuberculosis clearance.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The PCG #1 - Document F: State of Hawaii TB clearance form is completed for Annual Tuberculosis clearance.</p> <p>SCG #2 - Document F: State of Hawaii TB clearance form is completed for Annual TB Clearance.</p> <p>PCG and SCG obtain New TB Clearance documents. PCG will keep this document as evidence, place into home binder as record.</p> <p>PCG will check the New compliance with Requirements every month, use of the month review all documents are current.</p> <p>PCG will use home put a Reminder note on memo board to remind me. ensure none occur in the future.</p> <p>everything will be order and complete for department review.</p>	<p style="text-align: center;">12/28/25</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> (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><u>FINDINGS</u> Resident #1, #2, and #3— ‘TB Document F: State of Hawaii TB Clearance Form’ was not completed for annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1- TB document F: state of Hawaii TB clearance form is completed for tuberculosis clearance.</p> <p>Resident #2- TB document F: state of Hawaii TB clearance form is completed for tuberculosis clearance.</p> <p>Resident #3-TB document F: state of Hawaii TB clearance form is completed for tuberculosis clearance.</p>	<p>12-16-25</p>

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DEC 16 2025

RULES (CRITERIA)	PLAN OF CORRECTION	
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports</u> , (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #1, #2, and #3— 'TB Document F: State of Hawaii TB Clearance Form' was not completed for annual tuberculosis clearance.	PART 2	Completion Date
	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Resident #1 - #2 - #3 TB document F: State of Hawaii TB clearance New form is completed for annual tuberculosis clearance. Resident #1 - #2 - #3 obtain New form TB clearance PCG will keep this Documents as evidence, place into home binder as Record. PCG will check the New state compliance with requirements each month. 1st of month I will review all documents are current; PCG will use put the Reminder note on memo board to remind ensure the work occur in the future ensure everything will be order and complete for department review.</p>	12/28/25

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	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><u>FINDINGS</u> Resident #1—Financial statement states PCG was granted responsibility of managing allowance and funds. No documented ongoing money disbursement on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1-Financial statement states PCG has Granted responsibility of managing allowance and funds. There's documented Ongoing money disbursement on file. Bank statement and residents personal expenses record as well. This document is resident binder</p>	12-12-25

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DEC 12 2025

	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>FINDINGS Resident #1—Financial statement states PCG was granted responsibility of managing allowance and funds. No documented ongoing money disbursement on file.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Residence #1 - Financial statement states PCG is Granted Responsibility of managing allowance and funds Here's New documented ongoing money disbursement on file.</p> <p>Residence #1 financial statements created and keep this document in resident's home binder as evidence PCG will always check statements every 1st of the month keep Residence Record current PCG ensure the won't occur in-the future PCG will use put the reminder note on memo board to remind me</p>	<p>12/28/25</p>

The PCG will review at 1st of the each month state compliance and ~~fill~~ requirements to ensure everything will be order and complete for department review

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DEC 28 2025

Licensee's/Administrator's Signature: hestialee

Print Name: hestialee

Date: Dec 12, 2025

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Licensee's/Administrator's Signature: hestialee

Print Name: hestialee

Date: Dec 16, 2025

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DEC 16 2025

Licensee's/Administrator's Signature: *Hestia Lee*

Print Name: Hestia Lee

Date: 12-28-25

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