

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Island Excellence, Inc. | CHAPTER 100.1 |
| Address: 1631 Owawa Street, Honolulu, Hawaii 96819 | Inspection Date: October 22, 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).

| | 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><u>FINDINGS</u> No documented evidence stating that the following individuals below have no prior felony or abuse convictions in a court of law:</p> <ol style="list-style-type: none"> 1. Primary caregiver (PCG)- Last background check documented dated 9/26/23. 2. Substitute caregiver (SCG) #1- Last background check dated 9/26/23. 3. SCG #2- No documented background check available during time of inspection. 4. SCG #3- No documented background check available during time of inspection. <p>Please submit copies of Fieldprint with your plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Appointments made for PCG and all SCG to update using Fieldprint.</p> | <p>01/21/26</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><u>FINDINGS</u> No documented evidence stating that the following individuals below have no prior felony or abuse convictions in a court of law:</p> <ol style="list-style-type: none"> 1. PCG- Last background check documented dated 9/26/23. 2. SCG #1- Last background check dated 9/26/23. 3. SCG #2- No documented background check available during time of inspection. 4. SCG #3- No documented background check available during time of inspection. <p>Please submit copies of Fieldprint with your plan of correction.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Will post reminder for PCG & SCG to check status and update field print before end of each calendar year.</p> | <p>01/21/26</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> No documented evidence that inventory of all personal items brought into the Type I ARCH were maintained:</p> <ol style="list-style-type: none"> 1. Resident #1—Last updated inventory list dated 8/30/23. 2. Resident #3—Last updated inventory list dated 12/10/23. 3. Resident #4—Last updated inventory list dated year 2023. | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Updated each resident's inventory list.</p> | 01/21/26 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> No documented evidence that inventory of all personal items brought into the Type I ARCH were maintained:</p> <ol style="list-style-type: none"> 1. Resident #1—Last updated inventory list dated 8/30/23. 2. Resident #3—Last updated inventory list dated 12/10/23. 3. Resident #4—Last updated inventory list dated year 2023. | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Posted reminder notes for SCG to check each resident's inventory list before each new year.</p> | 01/21/26 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Two (2) cans of Pork and Beans with expiration date 8/13/25 found in resident's supply.</p> | <p style="text-align: center;">PART I</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>Removed expired food from supply.</p> | <p>01/21/26</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Two (2) cans of Pork and Beans with expiration date 8/13/25 found in resident's supply.</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>Will use reminder notes posted by pantry for SCG to check food inventory at each month to ensure food isn't expired.</p> | 01/21/26 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|-----------------|
| <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><u>FINDINGS</u> Resident #1—No proper label found on prescribed Aspirin 81mg and Atorvastatin 40mg.</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>Properly labeled medications as per resident prescription.</p> | 01/21/26 |

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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><u>FINDINGS</u> Resident #1—No proper label found on prescribed Aspirin 81mg and Atorvastatin 40mg.</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>Will create reminder note to SCG to check that all new meds added are labeled according to patient prescription.</p> | <p>01/21/26</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><u>FINDINGS</u> Resident #1—Prescribed Tylenol 500mg PRN not readily available for review during time of inspection.</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>SCG picked up Tylenol prescription and placed into med cart.</p> | <p>01/21/26</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1—Prescribed Tylenol 500mg PRN not readily available for review during time of inspection.</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>SCG to refill medication one week prior to running out and will double check when charting each monthly medication review. We created a check list to ensure that medication are made available.</p> | <p>01/21/26</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|-----------------|
| ☒ | <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><u>FINDINGS</u> Resident #1—Prescribed current medications for Amlodipine-Benazepril 10-20 mg and Aspirin 81 mg were not available during the time of inspection. Both medications were expired; Amlodipine-Benazepril 10-20 mg to be used by 9/10/25 and two (2) bottles of Aspirin 81 mg expired 3/25 and 7/6/25.</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>SCG picked up current prescriptions and placed into med cart.</p> | 01/21/26 |

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| ☒ | <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><u>FINDINGS</u> Resident #1—Prescribed current medications for Amlodipine-Benazepril 10-20 mg and Aspirin 81 mg were not available during the time of inspection. Both medications were expired; Amlodipine-Benazepril 10-20 mg to be used by 9/10/25 and two (2) bottles of Aspirin 81 mg expired 3/25 and 7/6/25.</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>SCG to refill medication one week prior to running out and will double check when charting each monthly medication review. We created a check list to ensure that medication are made available.</p> | 01/21/26 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1- Medication orders were not reevaluated and signed by the physician every four months. Last update dated 9/21/24.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1- Medication orders were not reevaluated and signed by the physician every four months. Last update dated 9/21/24.</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>Will create a checklist to ensure that resident's meds are reevaluated quarterly by their PCP and/or PRN and will document when charting their monthly summary</p> | 01/21/26 |

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| <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><u>FINDINGS</u> Resident #1- Three (3) expired medications were found in the residents' bin and were not disposed or separated for the following:</p> <ol style="list-style-type: none"> 1. Amlodipine-Benazepril 20-10 mg dated use by 9/10/25. 2. Aspirin 81 mg with medication label dated use by 7/6/25. 3. Aspirin 81 mg expired 3/25. | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Removed expired meds from bin.</p> | <p>01/21/26</p> |

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| <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><u>FINDINGS</u> Resident #1- Three (3) expired medications were found in the residents' bin and were not disposed or separated for the following:</p> <ol style="list-style-type: none"> 1. Amlodipine-Benazepril 20-10 mg dated use by 9/10/25. 2. Aspirin 81 mg with medication label dated use by 7/6/25. 3. Aspirin 81 mg expired 3/25. | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG will check expiration dates when charting monthly medication review and create post it notes as reminder to check medication cart and remove expired medications.</p> | 01/21/26 |

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|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><u>FINDINGS</u> Resident #1—No documented evidence of quarterly physician visits; last documented visits were 9/21/24 and 9/8/25.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Booked quarterly appointment for resident 1</p> | 01/21/26 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><u>FINDINGS</u> Resident #1—No documented evidence of quarterly physician visits; last documented visits were 9/21/24 and 9/8/25.</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>Will create a checklist to ensure that resident is seen quarterly by their PCP and/or PRN and will document each visit when charting their monthly summary.</p> | 01/21/26 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided;</p> <p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (4) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Choose a primary physician or APRN and case manager;</p> <p><u>FINDINGS</u> Resident #1 and #2—No Expanded Policy and Procedures documenting about case management services.</p> <p>Please provide a copy of your signed expanded policy with your plan of correction.</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>Document obtained from another care home operator.</p> | <p>01/21/26</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided;</p> <p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (4) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Choose a primary physician or APRN and case manager;</p> <p><u>FINDINGS</u> Resident #1 and #2—No Expanded Policy and Procedures documenting about case management services.</p> <p>Please provide a copy of your signed expanded policy with your plan of correction.</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>Upon being alerted of needing to have said paperwork, we will create a checklist to make sure any new expanded admissions are given said policy.</p> | <p>01/21/26</p> |

Licensee's/Administrator's Signature: Candy G

Print Name: Candy Genegabus

Date: Jan 21, 2026