

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Outreach Care Home LLC	CHAPTER 100.1
Address: 98-1282 Hoohuali Place, Pearl City, Hawaii, 96782	Inspection Date: July 11, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING
SECTION

25 OCT 30 AM 27

RECEIVED

OCT 24 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>FINDINGS Primary Care giver: No documented evidence of 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>YES, PCG CORRECTED THE DEFICIENCY. MADE AN APPT TO DRC OFFICE FOR APPOINTMENT. A COPY WAS SENT TO UHCA. THE ORIGINAL COPY WAS FILED IN THE CARE HOME BINDER.</p>	<p>7/11/2025</p>

RECEIVED

OCT 24 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Pers. Care, staffing and family requirements. (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>FINDINGS Primary Care giver: No documented evidence of annual tuberculosis clearance.</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>IN THE FUTURE, PCG WILL ENSURE THE DATE OF THE RENEWALS FOR PCG & SCG'S ANNUAL CLEARANCES. WILL USE PAPER CALENDAR & PHONE CALENDAR FOR REMINDER 1-2 MONTHS BEFORE THE EXPIRATION.</p>	<p>10/24/25</p>

Licensee's/Administrator's Signature:

Michelle Sabangan

Print Name:

MICHELLE SABANGAN

Date:

10/24/25

08/16/16, Rev 09/09/16, 04/16/18

RECEIVED

OCT 24 2025