

Office of Health Care Assurance

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State Licensing Section

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paradise ARCH Address: 86-112 Hoaha Street, Waianae, Hawaii 96792	CHAPTER 100.1 Inspection Date: February 27, 2026 Annual
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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"/> §11-100.1-3 Licensing (b)(1)(D) Application. 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: 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; FINDINGS Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2 - No current documented evidence that the aforementioned care givers do not have any prior felony or abuse convictions in a court of law, on file for department review.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>For SCG #1 - Immediately placed 2/27/24 in the care home folder the current field print results dated MAY 21, 2025 showing that SCG #1 - received a green light determination - please see attached current field print report for SCG #1 - due next 5/21/27 - 9 2 years</p> <p>② For - SCG #2 - Immediately by placed in the care home folder the current field print results - dated 2/13/25 - showing SCG #2 received green lighter determination - PLS. see attached current field print report for SCG #2 - due 2/27/26</p> <p>③ For PCG - obtained apt. c field print 3/14/24 - result 3/18/24 - showing green light determination " Copy attached "</p>	<p>20 APR 1 11:43 AM '24</p> <p>yes</p> <p>3/8/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; FINDINGS PCCG, SCG #1, SCG #2 – No current documented evidence that the aforementioned care givers do not have any prior felony or abuse convictions in a court of law, on file for department review.	<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>A checklist was created to ensure that Caregivers requirements are properly included in the care home folder and caregivers list does not include caregiver with incomplete requirements including field print report showing green light result.</p> <p>This checklist will be completed by the Primary Caregiver and double checked by the Care Home Operator. It will be kept in the care home folder to be available for department review at all times.</p> <p>Please see attached requirements checklist.</p>	<p style="text-align: right;">2/27/2026</p>

Licensee's/Administrator's Signature:

Margy Acuaran

Print Name:

MARGY ACUARAN

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Date:

4/13/26

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