

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pearl Haven	CHAPTER 98
Address: 58-130 Kamehameha Highway, Haleiwa, HI 96712	Inspection Date: December 5, 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.

RECEIVED

APR 02 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (a)(1) The design and construction of each building or buildings comprising the facility shall meet the minimum requirements of the following codes:</p> <p>The county fire department codes;</p> <p><u>FINDINGS</u> Last fire inspection by the Honolulu Fire Department in 2023. Annual fire inspection required.</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>HFD completed annual fire inspection. Fire inspection report attached.</p>	<p>2/17/26</p>

RECEIVED

APR 02 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (a)(1) The design and construction of each building or buildings comprising the facility shall meet the minimum requirements of the following codes:</p> <p>The county fire department codes;</p> <p><u>FINDINGS</u> Last fire inspection by the Honolulu Fire Department in 2023. Annual fire inspection required.</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>Annual inspection has been scheduled between 1/27 - 2/27/27. HFD will contact us in Jan '27 to confirm date.</p>	<p>2/17/26</p>

RECEIVED
 APR 02 2026

Licensee's/Administrator's Signature: Elizabeth Porter

Print Name: Elizabeth Porter

Date: 4/2/2026

RECEIVED

APR 02 2026