

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sun Moon	CHAPTER 100.1
Address: 1020 Hala Drive, Honolulu, Hawaii 96817	Inspection Date: October 13, 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).**

RECEIVED

DEC 09 2025

	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><b><u>FINDINGS</u></b>  No documented evidence stating that the following individuals who have access to the expanded ARCH have no prior felony or abuse convictions in a court of law:</p> <ol style="list-style-type: none"> <li>1. Primary caregiver (PCG)- Last documented background check was 9/20/23. Need 2025.</li> <li>2. Substitute caregiver (SCG)- Last documented background check was 9/20/23. Need 2025.</li> <li>3. Household member (HM)- Last documented partial background check was 12/31/24. Need full background check with fingerprinting for 2025.</li> </ol> <p><b>Please submit a copy of Fieldprint with your plan of correction.</b></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Enclosed are copies of PCG background check done on 10/31/25</i></p> <p><i>= copy of SCG background check done on 11/5/25</i></p> <p><i>= copy of HM background check with fingerprinting done on 10/31/25</i></p>	<p style="text-align: center;"><i>Nov 7, 2025</i></p>

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	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><b><u>FINDINGS</u></b>  No documented evidence stating that the following individuals who have access to the expanded ARCH have no prior felony or abuse convictions in a court of law:</p> <ol style="list-style-type: none"> <li>1. PCG- Last documented background check was 9/20/23. Need 2025.</li> <li>2. SCG- Last documented background check was 9/20/23. Need 2025.</li> <li>3. HM- Last documented partial background check was 12/31/24. Need full background check with fingerprinting for 2025.</li> </ol> <p><b>Please submit a copy of Fieldprint with your plan of correction.</b></p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To ensure that it will not happen again in the future I will include the finger printing to be done every two years in my reminder list in the care home chart.</i></p>	<p><i>Nov 7, 2025</i></p>

Licensee's/Administrator's Signature: x Maria TG Gallego

Print Name: Maria TG Gallego

Date: Nov. 7, 2025

Licensee's/Administrator's Signature: x Maria TG Gallego

Print Name: Maria TG Gallego

Date: Dec. 1, 2025