

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: Veronica Esteban Care Home | CHAPTER 100.1 |
| Address: 1342 Kamehameha IV Road, Honolulu, Hawaii 96819 | Inspection Date: January 14, 2026 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> Household Member (HHM) #1—No documentation of a background check was available for review to verify the absence of a prior felony or abuse convictions in a court of law.</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>It is currently in process. Family member followed the online Fieldprint instructions to register online and made an appointment on January 24, 2026 at 11:50am. Enclosed is a copy of Fieldprint receipt and TCB number .</p> | 01/24/2026 |

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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> Household Member (HHM) #1—No documentation of a background check was available for review to verify the absence of a prior felony or abuse convictions in a court of law.</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>I will ensure this won't happen again by taking these steps:</p> <ol style="list-style-type: none"> 1. Calendar reminders: to schedule appointments for all the staff a month before the expiration date.. 2. To log the appointment date and time on the paper calendar. 3. To have all staff and family members put yearly reminder on their phone calendar. | 01/24/2026 |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> During inspection, the primary caregiver stated that metal stem thermometers were not utilized during cooking and unable to provide one.</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, corrected. A cooking stick thermometer is placed on the counter kitchen rack and is being used daily when preparing meals.</p> | 01/15/2026 |

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| ☒ | <p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> During inspection, the primary caregiver stated that metal stem thermometers were not utilized during cooking and unable to provide one.</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>Steps to ensure this will not happen again;</p> <ol style="list-style-type: none"> 1. To remind staff and family; the cooking thermometer should be place on the counter utensil container and not buried in the utensil drawer. 2. To remind staff and family members after cooking, to wash the temperature stick and place it visible on the dish rack. | <p>01/15/2026</p> |

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| ☒ | <p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1—No documentation of an ongoing record of resident's current inventory of possessions. The last recorded update was in September 2024.</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, corrected. Ongoing record of residents current inventory of possessions has been sorted and recorded in the residents personal possession log-in sheet. Updated on January 15, 2026.</p> | 01/15/2026 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bathroom #1—The middle mirror door on the medicine cabinet was unstable and nearly detached when opened. Visible signs of deteriorating wood noted on the cabinet frame.</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, corrected. Both bathrooms currently have new medicine cabinets.</p> | 01/16/2026 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bathroom #1—The middle mirror door on the medicine cabinet was unstable and nearly detached when opened. Visible signs of deteriorating wood noted on the cabinet frame.</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>Steps to ensure this will not happen again: 1. On the staff routine cleaning to include opening the bathroom medicine cabinets. 2. On monthly smoke detection day to include to open all cabinet doors in the rooms and bathrooms.</p> | 01/16/2026 |

Licensee's/Administrator's Signature: Veronica Esteban

Print Name: Veronica Esteban

Date: Feb 4, 2026

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