Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Care	**CHAPTER 100.1**
Address: **92-324 Kiowao Place, Kapolei, Hawaii, 96707**	**Inspection Date: August 8, 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** No documented evidence that substitute care giver (SCG) #1 and SCG #2 were trained by the primary care giver (PCG).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary caregiver trained substitute caregiver #1 and #2 and training forms is filed in the Island Care ARCH binder.	08/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** No documented evidence that SCG #1 and SCG #2 were trained by the primary care giver (PCG).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Caregiver will use a compliance checklist for newly hired substitute caregiver ensuring all needed documents and training is done prior to the scheduled shift.	08/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #4- Inventory of all personal items brought int the Type I ARCH was not maintained and last documented on 8/4/23.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary caregiver filled up a new inventory of all personal items for resident #4 and filed it to client's ARCH binder.	08/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #4- Inventory of all personal items brought int the Type I ARCH was not maintained and last documented on 8/4/23.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Caregiver will do a monthly compliance review and include annual renewal of inventory for personal items on all Island Care ARCH binders to ensure that it is always current.	08/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** No documented evidence of a weekly or cycle menu posted in dining room and kitchen. Only daily menu was available during the time of inspection.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Weekly cycle menu is printed and posted at the dining room and kitchen.	08/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** No documented evidence of a weekly or cycle menu posted in dining room and kitchen. Only daily menu was available during the time of inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Caregiver will ensure that weekly cycle of menu is posted in dining room and kitchen at all times,	08/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #4- No documented evidence that a fluid restriction diet of less than 1500 cc/mL was provided or reflected in the menu.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Evidence of fluid restriction diet less than 1500 cc/ml reflected in the menu.	08/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #4- No documented evidence that a fluid restriction diet of less than 1500 cc/mL was provided or reflected in the menu.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary caregiver will include the diet order and menu review on the monthly compliance check to ensure that all diet and fluid intake order is reflected.	08/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** One (1) bottle of Miralax powder was found on bedside table in the shared bedroom.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary Caregiver inspected client's bedroom and ensure no more medications brought by family is on client's possession.	08/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** One (1) bottle of Miralax powder was found on bedside table in the shared bedroom.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary caregiver trained substitute caregivers to check belongings that family member brought to ensure no OTC or prescribed medication is on clients possession. Primary caregiver will also inspect client's room weekly and as needed basis to ensure compliance.	08/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1- Physician ordered signed on 5/13/25 and mediation label transcribed as, "Simvastatin 20 mg Take 1 tablet every night at bedtime"; however, the medication was consistently given at 5pm as evident from November 2024 to August 2025 medication administration records (MAR).	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1- Physician ordered signed on 5/13/25 and mediation label transcribed as, "Simvastatin 20 mg Take 1 tablet every night at bedtime"; however, the medication was consistently given at 5pm as evident from November 2024 to August 2025 MARs.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary caregiver will ensure that all medication scheduled at bedtime will be given a 8pm schedule. Primary caregiver will review the medication order and time the administration schedule appropriately. Example: 5pm for evening medication and 8pm for bedtime medication schedule.	08/15/25 11/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; **FINDINGS** No documented evidence of residents' height measurements taken in the 2025 height and weight record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Height measurement is taken and recorded at the height and weight record.	08/15/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; **FINDINGS** No documented evidence of residents' height measurements taken in the 2025 height and weight record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary caregiver will ensure the recording of height every January during monthly compliance review. Primary caregiver will review ARCH binder every 1st week of the month to ensure record completeness and accuracy.	08/15/25 11/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** No documented evidence of annual re-evaluation tuberculosis report for resident #2, last was dated 6/16/24, and resident #4, last was dated 7/15/24. **Please send a copy of the annual TB report for Resident #2 and Resident #4 with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #2 and #4 is scheduled for annual TB exam. Will send copy of TB result.	08/26/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** No documented evidence of annual re-evaluation tuberculosis report for resident #2, last was dated 6/16/24, and resident #4, last was dated 7/15/24. **Please send a copy of the annual TB report for Resident #2 and Resident #4 with your plan of correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary caregiver will do monthly compliance review ensuring that all TB test is current.	08/26/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1- No documented evidence of a progress note explaining the fluctuations in weight:	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

Month	Weight (pounds-lbs)
November 2024	205
December 2024	201.2
January 2025	204.8
February 2025	200.4
March 2025	195.6
April 2025	200.1
May 2025	199.8
June 2025	195.2
July 2025	190.6
August 2025	190.2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1- No documented evidence of a progress note explaining the fluctuations in weight:	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Progress note explaining the fluctuation in weight is done for Resident #1. Primary Caregiver and Substitute caregiver will closely monitor resident's weight and document in the progress note the reasons for significant changes in weight.	08/15/25 11/17/25

November 2024	205
December 2024	201.2
January 2025	204.8
February 2025	200.4
March 2025	195.6
April 2025	200.1
May 2025	199.8
June 2025	195.2
July 2025	190.6
August 2025	190.2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1- No documented evidence that records were complete, accurate, current, and readily available for review for: 1. 2nd page of Resident Emergency Information was not available. 2. No signature from PCG for Financial Statement. **Please provide the completed documents above with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary Caregiver signed the financial statement for Resident #1.	08/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1- No documented evidence that records were complete, accurate, current, and readily available for review for: 1. 2nd page of Resident Emergency Information was not available. 2. No signature from PCG for Financial Statement. **Please provide the completed documents above with your plan of correction.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Caregiver will do monthly compliance check to ensure that resident emergency informations are complete and PCG will ensure to sign client Financial Statement.	08/25/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; **FINDINGS** No documented evidence that the hard wired smoke detectors were tested at least monthly to assure working order for the following months- August 2024, September 2024, January 2025, April 2025, and May 2025.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; **FINDINGS** No documented evidence that the hard wired smoke detectors were tested at least monthly to assure working order for the following months- August 2024, September 2024, January 2025, April 2025, and May 2025.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Primary Caregiver will do monthly compliance check to ensure that the hard wired smoked detectors were tested monthly to assure working order for the following months.	08/20/25

Licensee's/Administrator's Signature: Joseth Gamiao

Print Name: Joseth Gamiao

Date: Aug 26, 2025

Licensee's/Administrator's Signature: *Joseth Gamiao*

Print Name: Joseth Gamiao

Date: Aug 26, 2025

Joseth Gamiao

Nov 17, 2025