

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aguinaldo, Evangeline	CHAPTER 100.1
Address: 3787 Mamaki Street, Koloa, Hawaii 96756	Inspection Date: February 23, 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"/> §11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Observed molded bread in the facility refrigerator.	<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 style="text-align: center;">I discarded the molded bread immediately and cleaned the refrigerator.</p>	<p style="text-align: center;">02/27/26</p>

STATE OF MICHIGAN

26 MAY 12 P 3:44

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> Observed molded bread in the facility refrigerator.	<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>To prevent this in the future, I will check the food weekly to make sure it is fresh and not expired. The substitute caregiver will also double check the refrigerator weekly for expired items.</p>	<p style="text-align: center;">02/27/26</p> <p style="text-align: center;">26 MAY 12 12:44 PM STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS Observed two (2) "Novolog Flexpen" in facility refrigerator, unsecured.	<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 style="text-align: center;">I secured the Novolog Flexpens immediately and have a locked container to store all medications in the refrigerator to prevent recurrence.</p>	<p style="text-align: center;">02/27/26</p> <p style="text-align: right;">MAY 12 2026 13:44</p> <p style="text-align: right;">STATE LIBRARY</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS Observed two (2) "Novolog Flexpen" in facility refrigerator, unsecured.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>To prevent this in the future, all medications stored in the refrigerator will be kept in a locked container at all times and secured immediately after each use. I will check weekly to make sure all medications are locked in a secure container. The substitute caregiver will also double check weekly to ensure medications are properly secured.</p>	<p style="text-align: center;">02/27/26</p> <p style="text-align: right;">26 MAY 12 P3:44</p>

Licensee's/Administrator's Signature:


Evangeline Aguinaldo

Print Name: Evangeline Aguinaldo

Date: 02/27/2026

MAR-26 10:09
STATE OF TEXAS
BOULEVARD
STATE OF TEXAS
STATE LICENSING

Licensee's/Administrator's Signature:



Print Name:

Evangelina Aguinaldo

Date:

05/12/2026

STATE LICENSES

26 MAY 12 P 3:44