

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

26 MAY 13 AC 08
STATE LICENSING

Facility's Name: Circle of Care, LLC	CHAPTER 89
Address: 91-229 Paiaha Place, Kapolei, Hawaii 96707	Inspection Date: February 26, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> The following background check results were available at home.</p> <p>Primary caregiver (PCG) – Fieldprint result 11/12/24 (APS and CAN) and 2/24/26 (APS and CAN), eCrim 2/24/25 Substitute caregiver (SCG) #1 & #2 – No Fieldprint results available. SCG #3 – Only Fieldprint result 10/27/25 (APS, CAN, Fingerprint)</p> <p>DOH background requirements were not met.</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 style="text-align: center;"><i>After the inspection I did complete my fieldprint and my two caregivers.</i></p>	<p style="text-align: right;"><i>04-30-2026</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> The following background check results were available at home.</p> <p>Primary caregiver (PCG) – Fieldprint result 11/12/24 (APS and CAN) and 2/24/26 (APS and CAN), eCrim 2/24/25 Substitute caregiver (SCG) #1 & #2 – No Fieldprint results available. SCG #3 – Only Fieldprint result 10/27/25 (APS, CAN, Fingerprint)</p> <p>DOH background requirements were not met.</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>I used my cellular phone reminder to check and update the caregivers book every 3 months.</i></p>	<p style="text-align: right;"><i>04-30-2026</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Caregivers' items (storage boxes and documents) were stored in residents' bedrooms #3 and #4.</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 style="text-align: center;"><i>I already took it away from the residents bedroom and put it on my backyard storage.</i></p>	<p style="text-align: right;"><i>04-30-2026</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(4) Medications:</p> <p>All poisons shall be plainly labeled and stored separately in a locked cabinet.</p> <p><u>FINDINGS</u> Cleaning supplies were stored in an unlocked under sink cabinet in both downstairs and upstairs bathrooms.</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>I bought locks to lock the cabinets under kitchen counter and two bathroom cabinets located upstairs and downstairs.</p>	<p style="text-align: right;">04-30-26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(4) Medications:</p> <p>All poisons shall be plainly labeled and stored separately in a locked cabinet.</p> <p><u>FINDINGS</u> Cleaning supplies were stored in an unlocked under sink cabinet in both downstairs and upstairs bathrooms.</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 lock cabinets at all times and me and all my caregivers double checking it every morning and evening.</p>	<p style="text-align: center;">05/12/2026</p> <p style="text-align: right; font-size: small;">26 MAY 13 A 9:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p>FINDINGS Resident #1 – Sodium Bicarbonate was not listed in Nov 2025 MAR. Per caregiver, the medication was discontinued. No written order obtained. Most recent order no longer included the medication.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Sodium Bicarbonate was not listed in Nov 2025 MAR. Per caregiver, the medication was discontinued. No written order obtained. Most recent order no longer included the medication.</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 documented in caregiver notes that resident no longer takes it. I obtained a discontinued order on 02-26-2026. I have one of my caregiver to double check MAR against doctor's order.</p>	<p style="text-align: right;">04-30-26</p> <p style="text-align: right; font-size: small;">2026 APR 30 PM 02:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – Melatonin dose was not recorded in February 2026 medication administration record (MAR).</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 style="text-align: center;"><i>After the inspection I corrected the MAR of my resident to reflect melatonin dose.</i></p>	<p style="text-align: center;"><i>04-30-26</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Individualized Service Plan (ISP) meeting 8/15/25, dental appointments 2/13/26 and 5/25/25 not recorded in progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">25 APR 30 PM 4:03</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(2) General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><u>FINDINGS</u> Resident #1 – White correction tape was used in November 2025 MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">2025 MAR 20 09:42</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Lunch menu was mahimahi, corn, tofu, berries, white rice, FF milk. Caregiver stated that today's lunch is chicken adobo, pink salmon, mixed vegetables, white rice. Unable to confirm whether meals were well-balanced and sufficient in quantity, quality, and variety as the facility menu was not followed.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (1) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p>FINDINGS Resident #1 – Physician’s notes 8/9/25 stated that resident was on low fat diet. There was no menu for the special diet. Regular diet order was obtained during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">2025-08-11 09:00</p>

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Licensee's/Administrator's Signature: Amaely G. Ambayec

Print Name: Amaely G. Ambayec

Date: May 12, 2026

26 MAY 13 11:08
STATE OF TEXAS
STATE LICENSES