Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Promise ARCH II	**CHAPTER 100.1**
Address: **1177 Kukila Street, Honolulu, Hawaii 96818**	**Inspection Date: April 22, 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).

Anita Felipe R

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute Care Givers #1 and #2 - No documented evidence of an initial tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Please see attached statements	5/4/2026 Martin Felipe Ku

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute Care Givers #1 and #2 - No documented evidence of an initial tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please see attached	5/4/2026 Anita Felipe Ba

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1, #2, and #3 – Care home has three residents at an expanded level of care. The care home is over the licensed capacity of two residents at an expanded level of care.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attachment	5/20/2026 Anita Felipe Ru

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1, #2, and #3 – Care home has three residents at an expanded level of care. The care home is over the licensed capacity of two residents at an expanded level of care.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please see attachment	5/20/2026 Felipe Ku

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Observed a bottle of shoyu and cooking oil stored next to cleaning solutions under the kitchen sink.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** Please see attachment	5/1/2026 Anita Felipe Re

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Observed a bottle of shoyu and cooking oil stored next to cleaning solutions under the kitchen sink	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please see attachment	5/1/2026 Date Filed by RA

	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 order dated 03/20/26 states, "Loratadine 50mg. Give one tab PO for allergy"; however, resident has not been given the medication daily.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Please see attachment	4/22/2026 Anita Felipe

	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 order dated 03/20/26 states, "Loratadine 50mg. Give one tab PO for allergy"; however, resident has not been given the medication daily.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please see attachment	4/22/2026 Ruth Felger

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities: Each resident shall: Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs; **FINDINGS** Resident #1 – No evidence of a signed consent form from the resident or resident's representative, for the use of a surveillance camera in the resident's room.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Please see attachment	4/29/2026 Anita Felipe RN

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities: Each resident shall: Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs; **FINDINGS** Resident #1 – No evidence of a signed consent form from the resident or resident's representative, for the use of a surveillance camera in the resident's room.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See attachment	4/29/2020 Nicole Filipek

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1, #2, and #3 – Three residents residing in the home are certified by their physicians as non-self-preserving; however, the home may only have a maximum of two residents that are non-self-preserving.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Please see attached	5/1/2024 Anita Felgen

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1, #2, and #3 – Three residents residing in the home are certified by their physicians as non-self-preserving; however, the home may only have a maximum of two residents that are non-self-preserving.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please see attached	5/1/2026 Anita Folger

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** A signaling device was not available in one of the residents shared bathroom.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** Please see attached	4/25/2026 Anita Felipe

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** A signaling device was not available in one of the residents shared bathroom.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please see attached	4/25/2026 Anita Felipe

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #3 – Resident was certified by the physician as an expanded level of care on his annual physical examination dated 10/30/25. Since then, the resident has not been provided with case management services for his care.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Please see attached	5/1/2026 Anita Felgner

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #3 – Resident was certified by the physician as an expanded level of care on his annual physical examination dated 10/30/25. Since then, the resident has not been provided with case management services for his care.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please see attached	5/1/2026 Anita Felipe RN

Licensee's/Administrator's Signature: Anita Felipe RN

Print Name: Anita Felipe

Date: 6/1/2026

Island Promise Homes LLC
Dba Island Promise Adult Residential Care Home II
1177 Kukila St. Honnolulu Hawaii 96818
CHO : Anita Felipe, RN, BSN
Cell: 808-428-0990

Inspection Date: April 22, 2026 (Annual)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

11-100.1-9 Personnel, staffing and family requirements(b)

Part 1 : I brought the 2 caregivers to Lanakila Health Center.
Care giver # 1 had a PPD on May 4, 2026 but had positive result so she had Chest X-ray on May 11, 2026, the result was negative, no sign of TB.
Care giver # 2 had Chest X-ray since her previous PPD test was positive. Her Chest X-ray result was negative for TB.

Part 2: Care giver # 1 left the Care Home to work to another care home. This CHO Had shredded her employee credentials. CHO will have a reminder to keep The staff credentials for at least 2-3 years just in case they came back to the To work in the home. CHO created a checklist of all the incoming and on Going employees and check every month to make sure that all the Requirements are updated

11-100.1-10 Admission Policies(d)

Part 1: Resident # 1 was transferred to a Foster Care home on 5/20/2026
Resident # 3 was admitted to Above and Beyond Case Management starting 5/1/2026.

Part 1 : This CHO must pay attention for any change of the level of care of the Residents. This CHO had a reminder to double/triple check the annual Evaluation of the residents made by the physicians. This CHO can only Accommodate patients within the scope of the license given by OHCA. This CHO has to check the Policy and Procedure of the OCHA whenever There's an admission and if there's change of level of care of the residents.

Anita Felipe

Anita Felipe

Island Promise Homes LLC
Dba Island Promise Adult Residential Care Home II
1177 Kukila St. Honnolulu Hawaii 96818
CHO : Anita Felipe, RN, BSN
Cell: 808-428-0990

Inspection Date: April 22, 2026 (Annual)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

11-100.1-14 Food Sanitation (f)

Part 1

Part 2: This CHO created a notice posted in the kitchen and on the doors for Locations of the cleaning agents and other toxic chemicals. Another notice Was posted on the cabinet door where the cooking condiments are located.

11-100.1-15. Medications (c)

Part 1: This CHO was able to clarify the order from the resident's physician. This CHO was able to obtain a signed new order from the resident's physician.

Part 2: This CHO has to double/triple check the orders made. The list of Medications that this CHO typewritten should matched the doctor's Visit summary notes. This CHO will put a yellow sticker to the doctor's Summary Notes to make sure that the signed physician orders for the medication list typewritten by this CHO matched the summary notes by physician.

11-100.1-21 Resident's and primary caregivers right and responsibilities(a)(2 (E)

Part 1 : This CHO gave a written form to the family and let them sign to give Permission to the facility to operate the camera in the resident's room. One resident refused to have camera in his room.
The camera was disabled in this resident's room.

Part 2: This CHO made a reminder to get a permission from the residents, Resident's family or who have POA to the resident by letting sign any Form or a written letter to get the consent to preserve the residents' Privacy. This CHO created a Contract so that the incoming residents Is available for them to sign.

Anita Felipe RN

Anita Felipe

Anita Felipe

Island Promise Homes LLC
Dba Island Promise Adult Residential Care Home II
1177 Kukila St. Honolulu Hawaii 96818
CHO : Anita Felipe, RN, BSN
Cell: 808-428-0990

Inspection Date: April 22, 2026 (Annual)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS

11-100.1-23 Physical environment (g) (3) (I)

Part 1: Resident # 1 has been discharged to a Foster Care Home on May 20, 2026, The home has 2 non preserving residents. The resident # 3 has been admitted To Above and Beyond Case Management since May 1, 2026.

Part 2: This CHO has created a reminder to double /triple checks the doctors annual Evaluation Form for changes of level of care. This CHO will refer to the OHCA Policy before admitting another non-preserving resident if the home has Already reached the allowed number of ICF level of care according to the License of the care home.

11-100.1-23 Physical Environment (p) (5)

Part 1:

Part 2: This CHO instructed the staff to check the signaling device every shift. The CHO created a reminder and placed in the bulletin board so that all the staff Can see the reminder to check the call bell every shift. This CHO bought more Call bells and made sure that there are extra bells if the other calling bells will Malfunctioned. The staff was instructed to throw away the broken calling bell And replaced the bell right away.

11-100.1-88 Case Management Qualifications and services (a)

Part 1: The resident has been admitted to Above and Beyond Case Management Since May 1, 2026.

Part 2 : This CHO must check all the resident's folder for any changes of their care After the doctors see the residents. This CHO will be checking the residents Folders every week and put a sticky note for any changes and should comply According to the scope of the care home license.

Anita Felipe

Anita Felipe