Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Acres	**CHAPTER 100.1**
Address: **45-525 Duncan Drive, Kaneohe, Hawaii 96744**	**Inspection Date: January 17, 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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Care Giver and Substitute Care Giver #1, #2, #3 and Household Member #1 – Individuals do not meet Fieldprint background check requirements (2 consecutive years of APS, CAN and fingerprint registries).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Primary Care Giver, Fieldprint background check done on 2/3/2025. Substitute caregiver #1 Fieldprint background check done on 2/3/2025. Substitute caregiver #2 Fieldprint done on 2/6/2025 substitute caregiver #3 Fieldprint done on 12/16/2024 Household member #1 Fieldprint done on 12/16/2024	02/06/2025

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☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Care Giver and Substitute Care Giver #1, #2, #3 and Household Member #1 – Individuals do not meet Fieldprint background check requirements (2 consecutive years of APS, CAN and fingerprint registries).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will put in my calendar or cellphone to alert me to make schedule for Fieldprint background check for next year. I will make sure that the result of the Fieldprint background check will be obtained from my e-mail within 2 weeks. Green light result will be filed in my care home binder ready for review.	02/06/2025

Licensee's/Administrator's Signature: Miguel Pascual

Print Name: Miguel Pascual

Date: Feb 6, 2025