

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jamandre, Evangeline	CHAPTER 100.1
Address: 2030 Uhu Street, Honolulu, Hawaii 96819	Inspection Date: January 19, 2022 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DCH:DHCA
STATE LICENSING

22 JUN 31 A8:40

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. <u>FINDINGS</u> SCG #1 & SCG #2 - No documented evidence of twelve (12) continuing education hours/units completed within the past twelve (12) months.	<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>11-100.1-83</p> <p>To ensure that this mistake doesn't happen again, Both primary caregivers and substitute caregivers will sit down together to ensure that nothing will be missed.</p>	1.28.22

STATE OF HAWAII
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22 JAN 31 A8:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. <u>FINDINGS</u> Substitute Care Giver (SCG) #1 & SCG #2 - No documented evidence of twelve (12) continuing education hours/units completed within the past twelve (12) months.	<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>11.100.1-83 Substitute Caregivers #1 and #2 both completed the 12 hr. continuing education as required dated 1.24.22. Attached with my correction.</p>	1-28-22

STATE OF HAWAII
 DOH-0103A
 STATE LICENSING

22 JAN 31 AB 41

Licensee's/Administrator's Signature: Evangeline G. Jovanovitch

Print Name: EVANGELINE G. JOVANOVITCH

Date: January 28, 2022

STATE OF HAWAII
DOH-OMCA
STATE LICENSING

22 JAN 31 A8:41