Office of Health Care Assurance  
State Licensing Section  

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>Facility’s Name: Acnam’s Care Home, LLC</th>
<th>CHAPTER 100.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 2467 North School Street, Honolulu, Hawaii 96819</td>
<td>Inspection Date: April 6, 2022 Annual</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>RULES (CRITERIA)</th>
<th>PLAN OF CORRECTION</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>§11-100.1-3 Licensing, (b)(1)(I) Application.</td>
<td><strong>PART 1</strong>&lt;br&gt;&lt;br&gt;<strong>DID YOU CORRECT THE DEFICIENCY?</strong>&lt;br&gt;&lt;br&gt;<strong>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</strong></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
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<td>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;</td>
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<td><strong>FINDINGS</strong>&lt;br&gt;No documented evidence of Fieldprint background check for adults over the age of 18 in care home.</td>
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PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE
PLAN: WHAT WILL YOU DO TO ENSURE THAT
IT DOESN’T HAPPEN AGAIN?
Licensee’s/Administrator’s Signature: _________________________________________

Print Name: __________________________________________

Date: __________________________________________