

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mely Mueller	CHAPTER 100.1
Address: 94-949 Lumiloke Street, Waipahu, Hawaii 96797	Inspection Date: April 13, 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.**

22 APR 29 AM 0:49  
STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 Licensing. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><b>FINDINGS</b> Substitute care giver #1 and House Hold Member #1: No documented evidence of Fieldprint background check.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Dana Mueller was scheduled 4/5/22 appt. # 12378279 for finger was denied cause state ID is expired, Hawaiian ID current was not acceptable, we also provide current medical card still not acceptable, 7/11/22 code 3575874 Kapolei State of Hawaii. as soon as she got the state ID appt. will be made finger printing.</p> <p>Alexis Nuestro, she did her finger printing, Waikeala, her daughter contacted Human Services but they don't share copy. Finger Printing done 4/19/22 Waipahu Farrington High School</p>	<p>4/19/22</p> <p>22 APR 29 AM 0:49</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b>FINDINGS</b> Bedroom #3 being used for storage.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Room #3 was use as a com- puter room (only) night duty staff (Subs.) Removed the computer transfer to family room, We made #3 (room) ready for resident to used, it looks so amazing, ready for resident.</p> <p><i>[Signature]</i></p>	<p>4/15/22</p> <p>22 APR 29 110:49</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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MELY BALLOCRANAG  
4/19/22

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