

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Abbie's	CHAPTER 100.1
Address: 94-579 Apii place, Waipahu, Hawaii 96797	Inspection Date: May 9, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 JUN 14 P3:50

	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><u>FINDINGS</u> No documented evidence of Fieldprint background check for adults over the age of 18 in care home.</p>	<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 style="text-align: center;">OUR FIELDPRINT BACKGROUND CHECK IS SCHEDULED ON JUNE 12, 2022 WHEN THE RESULTS COME I WILL PRINT THEM AND PUT THEM IN MY CARE HOME BINDER</p>	<p style="text-align: center;">6/9/22</p> <p style="text-align: right;">22 JUN 14 P3:50 STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1: Medication not segregated according to internal and external use.</p>	<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 style="text-align: center;">MEDICINES ARE SEGREGATED ACCORDING TO EXTERNAL AND INTERNAL USE</p>	<p style="text-align: center;">6/9/22</p> <p style="text-align: right;">STATE OF OHIO DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">'22 JUN 14 P 3:51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature:

Florecita I. Peralta

Print Name:

FLORECITA I. PERALTA

Date:

JUNE 9, 2022

STATE OF HAWAII
OSH-CHCA
STATE LICENSING
'22 JUN 14 P 3:51