

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Quemado, Lydia (ARCH)	CHAPTER 100.1
Address: 94-1292 Huakai Street, Waipahu, Hawaii 96797	Inspection Date: May 16, 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
COUNTY OF WAIPAHU
STATE LICENSING

22 JUL -6 A9:10

	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 living in ARCH.</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: center;">22 JUL -6 AM 10</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;"><i>Scheduled finger printing for provider and substitute caregivers, all members of living in house hold.</i></p>	<p style="text-align: center;"><i>6-17-22</i></p> <p style="text-align: center;"><i>LQ.</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> All dining room table chairs unstable.</p> <p style="text-align: right;">STATE OF HAWAII BOH-DHCA STATE LICENSING JUL -6 22 01:6V</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;"><i>Fix dining room table chairs, to make it stable OR replace chairs</i></p>	<p style="text-align: right;"><i>6-17-22</i> <i>LQ</i></p>

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Licensee's/Administrator's Signature: Lydia Quemado

Print Name: Lydia Quemado

Date: 6-17-22

STATE OF HAWAII
REGISTRY
STATE LICENSING

22 JUL -6 10:10