

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sagaysay, Makrina (ARCH)	CHAPTER 100.1
Address: 1112 Kopke Street, Honolulu, Hawaii 96819	Inspection Date: June 29, 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
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STATE LICENSING
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (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>FINDINGS Primary Caregiver, Substitute Caregivers #1,2,3 – Fieldprint clearance unavailable for review</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="font-size: 1.2em; font-family: cursive;">Primary Caregiver, Substitute Caregivers # 1, 2, 3 Have Completed Field Print Clearance as of July 20, 2022</p>	<p style="font-size: 1.5em; font-family: cursive;">7/20/22</p> <p style="text-align: right; font-size: 0.8em; font-family: monospace;">22 JUL 25 P3:59 STATE CLERKING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (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> Primary Caregiver, Substitute Caregivers #1,2,3 – Fieldprint clearance unavailable for review</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>In the Future, We will Notate on our CAalendar, so Primary Caregivers and all Substitute Caregivers have Completed Fieldprint Clearance prior to Expiring date and Inspection date</i></p>	<p style="text-align: center;"><i>7/20/22</i></p> <p style="text-align: center;">'22 JUL 25 P3 59</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</p>

Licensee's/Administrator's Signature: M. Sagaysay

Print Name: Makrina Sagaysay

Date: 7/20/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

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