

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Baybayan, Rosita (ARCH)	CHAPTER 100.1
Address: 91-810 Haiamu street, Ewa Beach, Hawaii 96706	Inspection Date: August 26, 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 LICENSING
SECTION
HAWAII

22 SEP 19 P 3 25

	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>FINDINGS No documented evidence of Fieldprint background check for all care givers.</p> <p style="text-align: center;">STATE OF IOWA DEPARTMENT OF HUMAN SERVICES SEP 19 10 25 AM '22</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;">Finger Print Background, Check, for all CAREgivers, was taken 08/30/2022, 09/07/2022 Results are now on File.</p> <p style="text-align: center;">Resu</p>	<p style="text-align: center;">09/15/2022</p>

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Licensee's/Administrator's Signature: Rozita Baybayan

Print Name: ROZITA BAYBAYAN

Date: 09/15/2022

STATE OF MINNAPOTA
BOB-3-001
STATE LICENSING

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