

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley	CHAPTER 89
Address: 245 Valley Avenue, Wahiawa, Hawaii 96786	Inspection Date: November 12, 2021 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
DON-ALISA
STATE LICENSING

21 NOV 26 P 2:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS Caregiver #1 and #2 – There was documentation that five (5) hours of inservice training was completed in the past year, three (3) hours short.</p> <p style="text-align: right;">STATE OF MARYLAND DOH-0002 STATE LICENSES</p> <p style="text-align: right;">21 NOV 26 P2:08</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>Caregiver #1 and #2 – completed 3.00 hours of Inservice on 11/3/21 and attended 4 hours on 11/16/21.</p>	<p style="text-align: center;">11/16/21</p> <p style="text-align: right;"><i>Erigo</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF MARYLAND
STATE LICENSING
DIVISION
21 NOV 26 P 2:08

Licensee's/Administrator's Signature: Emerita Ringor

Print Name: Emerita Ringor

Date: 11-24-21

STATE OF ILLINOIS
DOH-CHCA
STATE LICENSING

21 NOV 26 P 2:08