

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha ARCH	CHAPTER 100.1
Address: 86-107 Hoaha Street, Waianae, Hawaii, 96792	Inspection Date: December 5, 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
DEPARTMENT OF
STATE LICENSING

22 DEC 19 18:00

	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 Substitute care giver #2: Fieldprint background check incomplete.</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>① SUB CAREGIVER #2 WAS IMMEDIATELY REMOVED FROM STAFFING UNTIL FIELD PRINT BACKGROUND CHECK IS COMPLETED TEMPORARILY REPLACED WITH ANOTHER CAREGIVER WITH COMPLETED BACKGROUND CHECK AND REQUIREMENTS.</p> <p>② SCHEDULED FIELD PRINT APPOINTMENT FOR SUB CAREGIVER #2 ON 12/12/22. WAITING FOR THE RESULTS. SHOULD THERE BE ANY ISSUES WITH THE RESULTS A LETTER OF EXEMPTION FORM 106E WILL BE SUBMITTED.</p>	<p>12/06/22</p> <p>12/09/22</p>

WILL RETURN TO STAFFING WHEN BACKGROUND CHECK IS COMPLETE 2 AND CLEARED.

22 DEC 19 08:00

	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 Substitute care giver #2: Fieldprint background check incomplete.</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">22 DEC 19 8:00 AM</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>A TRACKING SYSTEM WAS CREATED TO ENSURE THAT ALL REQUIREMENTS FOR ALL CAREGIVERS ARE OBTAINED AND DOCUMENTED ON A TIMELY MANNER. THIS INCLUDES FIELD PRINT, ECRIM, CPR, FIRST AID, PHYSICAL EXAM, TB CLEARANCE, CONTINUING EDUCATION SKILL TEST AND TRAINING. MAKE SURE THAT DUE DATES OF EACH REQUIREMENTS ARE WRITTEN ON THE MONTHLY CALENDAR FOR REMINDER PURPOSES.</p>	<p>12/06/22</p>

Licensee's/Administrator's Signature: Marly Acuram

Print Name: MARLYN ACURAM

Date: 12/15/22

STATE OF HAWAII
DOH-CDDA
STATE LICENSING

22 DEC 19 18:00