

Office of Health Care Assurance

'23 FEB -2 P3:35

State Licensing Section

STATE OF HAWAII
DEPARTMENT OF HEALTH
LICENSING SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C. Caraang	CHAPTER 89
Address: 94-1023 Lumipolu Street, Waipahu, Hawaii 96897	Inspection Date: January 11, 2023 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p><u>FINDINGS</u> Certified Care Giver (CCG) #1, #2, & #3, Responsible Adult (RA)#1, #2, #3, and #4 – Do documented evidence of fieldprint background check available 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="text-align: center;"><i>Yes, the correction was made. I called the field print office and they emailed me a copy</i></p>	<p style="text-align: right;">'23 FEB -2 P3:35</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF SOCIAL SERVICES STATE LICENSING</p> <p style="text-align: right;"><i>1/20/23</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p><u>FINDINGS</u> Certified Care Giver (CCG) #1, #2, & #3, Responsible Adult (RA)#1, #2, #3, and #4 – Do documented evidence of fieldprint background check available 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><i>To prevent this deficiency from happening in the future I will post reminders in my calendar so that I don't forget to make a schedule for finger printing.</i></p>	<p>23 FEB -7 P 3:35</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p><i>1/20/23</i></p>

Licensee's/Administrator's Signature: Crispina Canaang

Print Name: Crispina Canaang '23 FEB -2 P3:35

Date: 1/27/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING