

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

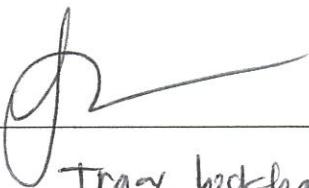
Facility's Name: Heart to Heart Care Home (ARCH)	CHAPTER 100.1
Address: 94-384 Ana Lane, Waipahu, Hawaii 96797	Inspection Date: January 11, 2023 Annual

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>§11-100.1-3 <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 Care Giver (PCG), and Substitute Care Giver (SCG) #1 - No documented evidence of current record of no prior felony or abuse convictions in a court of law.</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>- Fieldprint appointments made to obtain APS/CAN criminal history report for PCG and substitute care giver. Please see attached appointment confirmation received from fieldprint.</p> <p>Tracy Lockhart - 1/23/2023 @ 1:40 pm Princess Dams - 1/26/2023 @ 11:30 am</p>	<p>1/23/23 and 1/26/23</p> <p style="text-align: right;">23 JAN 25 P4:08</p>

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<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 Care Giver (PCG), and Substitute Care Giver (SCG) #1 - No documented evidence of current record of no prior felony or abuse convictions in a court of law.</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>- Fieldprint fingerprinting will be added to the carehome checklist of annual requirements and new hire requirements.</p> <p>- This checklist is utilized annually and with all new hire substitute caregivers.</p> <p>- All caregivers will be oriented & educated to this annual competency checklist.</p>	<p style="text-align: right;">1/23/23</p> <p style="text-align: right;">23 JAN 25 P 4:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-9HCA STATE LICENSING</p>

Licensee's/Administrator's Signature: 

Print Name: Tracy Lockhart

Date: 1/23/23

23 JAN 25 P 4:08
STATE OF HAWAII
DHF-ARCA
STATE LICENSING