

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Jamandre, Evangeline</b>	<b>CHAPTER 100.1</b>
<b>Address: 2030 Uhu Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: January 20, 2023 Annual</b>

**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 HEALTH  
STATE LICENSING  
23 MAR 2023 P 1:52

	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><b>FINDINGS</b>  Primary Care Giver – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please submit a copy of your Fieldprint results with your plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-100.1-3 (b)(1)(I)</p> <p>Primary caregiver corrected the deficiency Result 2.1.23. Read, seen at 2.7.23. because my computer was broken.</p>	<p>3.1.23</p> <p style="text-align: right;">23 MAR -6 P1:53</p>

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<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><b>FINDINGS</b>            Primary Care Giver – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please submit a copy of your Fieldprint results with your plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-100.1-3-(b)(1)(I)            Primary caregiver corrected the deficiency.            In the future to prevent the same mistake I will make a notation on my calendar, also put a note posted near to my refrigerator as a reminder before it will due.</p>	<p>3.1.23</p> <p style="text-align: right;">23 MAR -6 P1:52</p>

Licensee's/Administrator's Signature: Evangeline G. Jamandre

Print Name: EVANGELINE G. JAMANDRE

Date: 3.1.23

STATE OF HAWAII  
DCH/DHCA  
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