

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Violet's Care Home, Inc.	CHAPTER 100.1
Address: 1104 Wiliki Drive, Honolulu, Hawaii 96818	Inspection Date: February 1, 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), Substitute Care Giver (SCG)#2, SCG#3, Household member (HHM)#1, and HHM#2 – No documented evidence of fieldprint results for 2023.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have obtained the Fieldprint results and they are located in the care home records.</p>	<p>2/10/23</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING 23 FEB 13 10:22</p>

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Licensee's/Administrator's Signature: Madmalkr

Print Name: Violet A. Sadural

Date: 2/10/2023

STATE OF HAWAII
DOH-001A
STATE LICENSING

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