

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yaying House Inc.	CHAPTER 100.1
Address: 3285 Olu Street, Honolulu, Hawaii 96816	Inspection Date: March 21, 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.**

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STATE LICENSING SECTION  
OFFICE OF HEALTH CARE ASSURANCE

	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><b>FINDINGS</b>  Primary Care Giver, Substitute Care Giver (SCG) #1, SCG #2, SCG #3, and SCG #4 – 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 the Fieldprint results as evidence of completion.</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>Yes. We correct the Deficiency. Thank you very much for point out for us!</p> <p>Last Tuesday night (3/21/2023), we started schedule the fieldprint appointments, which #3 SCG Xianping Li done fieldprint last Wednesday (3/22/2023), #1 SCG Sharon Chen done on 3/23/2023, #4 SCG Sha Lu done on 3/23/2023, PCC #2 SCG Yaying Liu &amp; Yuk May Tao Lam done on 3/24/2023.</p>	<p style="text-align: right;">23 MAR 31 AM 11:33 All done on 3/24/2023.</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><b>FINDINGS</b>  Primary Care Giver, Substitute Care Giver (SCG) #1, SCG #2, SCG #3, and SCG #4 – 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 the Fieldprint results as evidence of completion.</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>In the future, I'll follow the Care Home's policies and rules of Department of Health such as Chapt 100.1. Read the rules clearly and to do on time. Also I'll check my Care Home folder monthly to prevent future the deficiency.</p> <p>Sorry. I cannot provide the Fieldprint results as evidence of completion since they have not come out yet. But I can submit the appointment papers to you. After I received the Fieldprint results, I'll submit copy.</p>	

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Mahalo for your inspection!

Licensee's/Administrator's Signature: 

Print Name: Yaoping Liao

Date: 3/28/2023

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DH-021  
STATE LICENSING

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