

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serenity Care Home Hawaii Kai	CHAPTER 100.1
Address: 1072 Kalapaki Street, Honolulu, Hawaii 96825	Inspection Date: March 28, 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.

STATE OF HAWAII
DEPARTMENT OF HEALTH
DIVISION OF LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – Seven (7) out of twelve (12) continuing education hours completed within last year.</p> <p>2023 MAR 30 09:36</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>The deficiency was corrected by having the employee complete missing continuing education hours. The employee completed 6 additional hours which meets/exceeds the 12 required hours within the last year.</p>	<p>3/29/23</p>

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Licensee's/Administrator's Signature: Ana Jose
Print Name: Ana Jose
Date: 3/30/23

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
MAR 30 09:36