

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mely Mueller	CHAPTER 100.1
Address: 94-949 Lumiloke Street, Waipahu, Hawaii 96797	Inspection Date: April 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"/> §11-100.1-3 Licensing, (b)(1)(X) Application. 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: 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; FINDINGS No documented evidence of Fieldprint background check for all caregivers and house hold members.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Caregivers and house hold members fingerprints all done at: Best Mobile 94-8th Nobato Street Tropicana Square, 34-Die Waipahu, HI. 96797 Mely Ballocanag Mark Anthony Mueller Dana Vanessa Mueller Morrena Cabico Arenida Nuevafo (Mely Ballocanag)</i></p>	<p><i>04/19/23 (3:30) 4/20/23 (2:10) 4/20/23 (4:20) 4/21/23 (2:20) 4/26/23 (3:30)</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 Licensing: (b)(1)(I) Application. 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: 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; <u>FINDINGS</u> No documented evidence of Fieldprint background check for all caregivers and house hold members.	<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><i>I will write in my folder check list fingerprinting due 04/25 also pin important message at the care horse folder due fingerprinting 04/25 I will also write on the calendar on that year/04/25 due for fingerprinting, as a reminder.</i></p> <p style="text-align: right;"><i>MS</i> <i>(Nady Balboony)</i></p>	<p style="text-align: center;">4/26/23</p>

Licensee's/Administrator's Signature:

mg

Print Name:

MEKY BALLOCCANA

Date:

4/27/23