

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Poncethia R. Rambo's (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1621 Nohoana Place, Hilo, Hawaii, 96720	Inspection Date: November 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
DEPT. OF HEALTH
STATE EVALUATION

23 DEC 14 PM 2:22

	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> Substitute Caregiver (SCG) #1- - No current documented evidence stating aforementioned care giver have no prior felony or abuse convictions in a court of law.</p> <p>Please provide copies of Fieldprint results with your plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Substitute caregiver Edna Esteban went to do her fingerprinting on Nov. 13, 2023. Fitness determination result received on December 7, 2023.</i></p>	<p style="text-align: center;"><i>yes</i></p> <p style="text-align: center;"><i>12-11-23</i></p> <p style="text-align: right;">23 DEC 14 PM 12:22</p>

STATE OF CONNECTICUT
DEPARTMENT OF
STATE EMPLOYMENT

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF CONNECTICUT
DEPARTMENT OF
STATE LICENSING

Licensee's/Administrator's Signature: Joseph R. Farley

Print Name: POWCETTA RAMBO

Date: Dec. 11, 2023

23 DEC 14 P12:22
STATE OF OHIO
DIVISION OF
STATE LICENSING