

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Viernes, May G.	CHAPTER 100.1
Address: 94-1184 Hina Street, Waipahu, Hawaii 96797	Inspection Date: November 25, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	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 caregiver (PCG), substitute caregiver (SCG) #1, SCG #2, and SCG #3- No documented evidence that the aforementioned individuals have no prior felony or abuse convictions in a court of law.</p> <table border="1" data-bbox="289 906 940 1068"> <thead> <tr> <th data-bbox="289 906 615 943">Individuals</th> <th data-bbox="615 906 940 943">Last Fieldprint Result</th> </tr> </thead> <tbody> <tr> <td data-bbox="289 943 615 976">PCG</td> <td data-bbox="615 943 940 976">11/11/22</td> </tr> <tr> <td data-bbox="289 976 615 1008">SCG #1</td> <td data-bbox="615 976 940 1008">11/11/22</td> </tr> <tr> <td data-bbox="289 1008 615 1040">SCG #2</td> <td data-bbox="615 1008 940 1040">11/14/22</td> </tr> <tr> <td data-bbox="289 1040 615 1068">SCG #3</td> <td data-bbox="615 1040 940 1068">11/19/22</td> </tr> </tbody> </table> <p>Please submit current Fieldprint copies with your plan of correction.</p>	Individuals	Last Fieldprint Result	PCG	11/11/22	SCG #1	11/11/22	SCG #2	11/14/22	SCG #3	11/19/22	<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>	
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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____