Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley Comfort Care Home LLC	**CHAPTER 100.1**
Address: **2417 Wilson Street, Honolulu, Hawaii, 96819**	**Inspection Date: July 15, 2025 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
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: 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. **FINDINGS** Substitute Care giver #1,#2,#3,#4,#5,#6: No Documented evidence of twelve (12) hours of continuing education.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency has been corrected. All substitute caregivers now have completed 12 hours of continuing education and certificates are enclosed in the carehome's Adult binder. Each caregiver attended both a mix of virtual classes and in person classes held by Reina Medalla, RN on site at the carehome.	10-27-25

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Licensee's/Administrator's Signature: _____

Print Name: Rena Medalla

Date: 10-27-25