

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raguindin Malama Kauhale ARCH	CHAPTER 100.1
Address: 94-088 Awamoku Street, Waipahu, Hawaii 96797	Inspection Date: September 14, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS [redacted] inventory of possessions not updated yearly.</p>	<p>[redacted]</p> <p>In the future I will do the inventory for every resident yearly the month following Christmas each year. I will write in the calendar in January to remind me yearly to do it. I will had my substitute caregiver to double check each year to ensure accuracy.</p>	<p>9/14/15</p>

Licensee/Administrator's Signature: Belma A Raguindin

Print Name: Belma A Raguindin

Date: 9/20/15