

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Furukawa Residential Retreat	CHAPTER 100.1
Address: 47-008 Okana Place, Kaneohe, Hawaii 96744	Inspection Date: January 28, 2016 Annual (To complete annual inspection May 14, 2015)

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS Resident [REDACTED] progress note partially filled out in blue ink.</p>		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____