

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Moonlight Vista ARCH	CHAPTER 100.1
Address: 98-1282 Hoohuali Place, Pearl City, Hawaii 96782	Inspection Date: February 22, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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 Resident #1 possessions not updated, last update on admission.</p>	<p>RESIDENT#1 POSSESSIONS WERE UPDATED ON 2/22/16, THE SAME DAY AS OUR 90% ON-SITE VISIT. IN THE FUTURE TO PREVENT THIS FROM HAPPENING AGAIN, I WILL ADD "RESIDENTS POSSESSIONS" ON MY REMINDER CHECKLIST IN RESIDENTS CHART. I WILL ADD AN EVENT IN OUR COMPUTER CALENDAR TO REPEAT YEARLY ON JANUARY 31ST, THE FOLLOWING MONTH AFTER CHRISTMAS TO UPDATE ALL RESIDENTS POSSESSIONS. I WILL PUT A NOTE STATING, "RESIDENTS POSSESSIONS" ON MY DESK CALENDAR FOR THE MONTH OF DECEMBER AS A REMINDER SO WHEN I REPLACE MY NEW YEARS CALENDAR, I COULD ADD THE EVENT ON JANUARY 31ST, THE MONTH AFTER CHRISTMAS. I WILL INCLUDE "RESIDENTS POSSESSIONS" IN OUR DAILY CHECKLIST FOR OUR SUBSTITUTES TO REPORT ANY INCOMING POSSESSIONS FROM FAMILY MEMBERS SO THAT C/O WILL INCLUDE DISPOSITION DATE IN RESIDENTS POSSESSIONS FORM.</p>	03/21/16

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____



MARIBETH RODRIGUEZ

03/21/16