

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Connie's	CHAPTER 100.1
Address: 94-1040 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: October 26, 2017 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 financial statement not completed. Has been signed, dated, but not selected.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Care giver assisted Resident #1 to complete financial statement. Resident #1 understands and is satisfied with their choice selected.</i></p>	<p style="text-align: center;"><i>12/21/17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 financial statement not completed. Has been signed, dated, but not selected.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, caregiver #1, caregiver #2, and appropriate team members will make sure that resident #1 or future residents admission documents are completed and reviewed upon admission.</i></p>	<p style="text-align: right;"><i>2/5/18</i></p>

Licensee's/Administrator's Signature: Ci Ltyr

Print Name: Cion Battulayan

Date: 12/24/17

Licensee's/Administrator's Signature: Ci Ltyr

Print Name: Cion Battulayan

Date: 2/5/18