

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Reyes, Cesaria (ARCH)	CHAPTER 100.1
Address: 2602 Nihi Street, Honolulu, Hawaii 96816	Inspection Date: July 7, 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.

STATE OF HAWAII
DOH- OHCA
STATE LICENSING

18 MAY -8 P 3:07

RECEIVED

	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><u>FINDINGS</u> Resident #1 list of possessions form not dated, unable to determine if list is current or when the inventory was taken.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>We have corrected the deficiency on 07-24-17</i></p>	<p>07-24-17</p> <p>18 MAY -8 P 3:07</p> <p>STATE OF HAWAII DOI-CHCA STATE LICENSING</p>

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RECEIVED

Licensee's/Administrator's Signature: _____

Daniel Calosin

Print Name: _____

Daniel Calosin

Date: _____

07-24-17

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