



Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>ADULT RES CARE HOME</b>	<b>CHAPTER 100.1</b>
Address: <b>1654 Hauiki Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: March 31, 2021 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-0HCA  
STATE LICENSING

21 APR 19 07:39

	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><b>FINDINGS</b> Resident #1, upon admission the resident signed the "Resident Financial Statement;" however, no name listed as the person responsible for the resident's finances.</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Deficiency corrected right away, Margaret (the resident) put her niece name as the person who will manage her allowance and personal funds.</i></p>	<p><i>4/16/21</i></p>

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:  All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.  <b>FINDINGS</b> Resident #1, upon admission the resident signed the "Resident Financial Statement;" however, no name listed as the person responsible for the resident's finances.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>= upon admission I have to double check the resident financial statement if resident put/wrote the name of the family and/or legal guardian for her (resident financial statement) who is responsible for her allowance and personal funds ...            review it before filing on the chart</p>	<p style="text-align: center;">4/16/21</p>

STATE OF HAWAII  
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Licensee's/Administrator's Signature: Delia G. Rowland

Print Name: DELIA G. LAURENA

Date: 4/16/2021

STATE OF HAWAII  
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