Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Adult DD Domiciliary Home LLC	**CHAPTER 89**
Address: **2235 Auhuhu Street, Pearl City, Hawaii 96782**	**Inspection Date: April 1, 2021 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.

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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information: Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs; **FINDINGS** Resident #1 – No documentation in caregiver's notes for progress toward achieving the goals for good hygiene indicated in the most recent ISP dated 10/7/2020.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING '21 APR -1 A11:45	

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Licensee's/Administrator's Signature: Imelda M. Steffens-Crawford

Print Name: Imelda M. Steffens-Crawford

Date: 04-01-21