

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Esta's	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-1110 Hinaea Street, Waipahu, Hawaii, 96797	<b>Inspection Date:</b> August 12, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LICENSING

21 NOV 10 P 3:33

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b>            Resident #1 and Resident #2: No documented evidence of monthly face-to-face case manager visit.</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 style="text-align: center;"><i>I called the CM to provide the documented evidence from the face to face manager visit to resident 1 &amp; 2 and stated to pick it up in their office.</i></p>	<p style="text-align: right;"><i>8-16-21</i></p> <p style="text-align: right;">21 NOV 10 P 3:33</p> <p style="text-align: right;">STATE OF MARYLAND            DEPARTMENT OF            STATE LICENSING</p>

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Licensee's/Administrator's Signature:

Lina M. Estr

Print Name:

Lina M. Estr

Date:

Aug. 17. 2021

STATE OF HAWAII  
DCH-CDL  
STATE LICENSING

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