

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: G. Inocencio's	CHAPTER 100.1
Address: 1262 Komohana Street, Hilo, Hawaii 96720	Inspection Date: October 6, 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
HDL-0101
LICENSING
OCT 12 P 3:09

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – admitted 05-10-21, no current tuberculosis (TB) skin test. TB skin test did not document date of administration and reading.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Obtained a copy of the resident's immunization record that has the documentation date of administration + reading from the facility where she was discharged from. Copies sent 10/8/2021.</p>	<p style="text-align: center;">10/6/21</p> <p style="text-align: center;">21 OCT 12 P 3:09</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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Licensee's/Administrator's Signature:

Gloria Inocencio

Print Name:

GLORIA INOCENCIO

Date:

10/7/2021

STATE OF HAWAII
DCH-DHCA
STATE LICENSING

21 OCT 12 P 3:09