

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Golden Acres  <b>Address:</b> 45-525 Duncan Drive, Kaneohe, Hawaii 96744	CHAPTER 100.1  Inspection Date: January 26, 2022 Annual
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**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.**

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 STATE OF HAWAII  
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts: (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.  <b>FINDINGS</b> Resident #1 – No documented evidence of a current inventory of resident's belongings.	<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 updated the inventory of resident's possessions by reviewing belongings and made records of items that were brought by family after admission.</p>	<p>1/31/22</p>

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 STATE LICENSING

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STATE OF HAWAII  
 DEPT. OF HEALTH  
 STATE LICENSING

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Licensor's/Administrator's Signature:

*Miguel Pascual, CDA*

Print Name:

MIGUEL PASCUAL, CDA

Date:

Feb 7, 2022

STATE OF HAWAII  
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