

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ramos, Arsenia (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 4028 Salt Lake Boulevard, Honolulu, Hawaii 96818</b>	<b>Inspection Date: March 16, 2022 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.**

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DOH-DHCA  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of a signed financial statement. Submit a copy with plan of correction.</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>Yes, the deficiency was corrected on 03.22.2022. The client's OPG completed the form and sent it back to A. Ramds, ARCH. Ms. K. Migita e-mailed the Financial Statement form to A. Ramds, ARCH; A. Ramas sent the form to Roxanne Tachibana's OPG, Mr. Darren Nako, for completion.</i></p>	<p>03.24.2022</p>

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Licensee's/Administrator's Signature: Arsenia M. Ramos

Print Name: Arsenia M. Ramos

Date: 03.24.2022

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