

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: De Vera, Loretta (ARCH)	CHAPTER 100.1
Address: 94-865 Mokuahi Street, Waipahu, Hawaii 96797	Inspection Date: June 1, 2022 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.**

STATE OF HAWAII  
DHHS - CHCA  
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  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 current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Current inventory of valuables and possessions unavailable for review. Submit a copy of 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>Enclosed are copies of Dennis Ebisuya's current inventory of possessions and valuables.</p>	<p style="text-align: center;">06/13/22</p>

STATE OF HAWAII  
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STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(8) 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:  A current inventory of money and valuables.  <u>FINDINGS</u> Resident #1 – Current inventory of valuables and possessions unavailable for review. Submit a copy of with plan of correction.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure this won't happen again, I created a "reminder notice" and posted it in the resident's chart for me and my SCG's to follow; to record in the chart any additional or discarded valuables/personal belongings, accordingly. I will then update an inventory of all his possessions every end of each year thereafter.</p>	<p style="text-align: center;">June 29, 2022</p> <p style="text-align: center;">22 JUL -6 4P:04</p>

Licensee's/Administrator's Signature: *Solette deLeon*

STATE OF MICHIGAN  
 DEPARTMENT OF HEALTH  
 STATE LICENSES

Licensee's/Administrator's Signature: Loretta De Vera

Print Name: Loretta De Vera

Date: June 13, 2022

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

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Print Name: Loretta De Vera

Date: June 29, 2022

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