

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Blandina S. Retuta LLC	CHAPTER 100.1
Address: 94-1116 Kahuailani Street, Waipahu, Hawaii 96797	Inspection Date: February 22, 2023 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.

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STATE OF HAWAII
DOR/DIV
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of primary care giver's assessment of resident upon readmission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">'23 MAR 15 A9:56</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-010A STATE LICENSING</p>

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Licensee's/Administrator's Signature: Blandina S. Retuta

Print Name: Blandina S. Retuta

Date: March 05, 2023

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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