

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Callo Care Home	CHAPTER 100.1
Address: 1027 A Lowell Place, Honolulu, Hawaii, 96817	Inspection Date: January 4, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH
STATE LICENSING

23 FEB-9 P2:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1: White out used on admission assessment form and level of care form.</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: center;">23 FEB -9 P 2:20</p> <p style="text-align: center; font-size: small;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS Resident #1: White out used on admission assessment form and level of care form.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again, I will make sure that all entries in the residents' records shall be written in black ink or typewritten, shall be legible and signed by the individual making the entry.</p> <p>If there is any white out or correction on any of the resident's record, I will return the form or forms to the person who prepared them and ask to issue a new one. If a correction is necessary, the person making the correction should cross out the word then put his or her initial next to the word (s) being crossed out.</p> <p><i>I WILL HAVE A REMINDER NOT TO USE WHITE OUT AND WILL ALSO POST A REMINDER ^{NOTE} ON THE FRONT DOOR OF THE REFRIGERATOR</i></p>	<p style="text-align: right;"><i>1/28/03</i></p> <p style="text-align: center;">23 APR 17 P 2:00</p> <p style="text-align: right;"><i>4/14/08</i></p>

Licensee's/Administrator's Signature: T. Callow

Print Name: TESSIE A. CALLO

Date: 1/26/2023

23 FEB -9 P2:20
STATE OF HAWAII
DCH-DHCA
STATE LICENSING