

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kailua Ohana	CHAPTER 100.1
Address: 1346 Akamai Street, Kailua, Hawaii 96734	Inspection Date: July 19, 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.

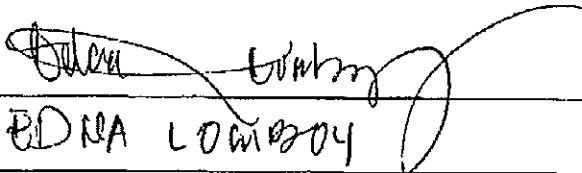
YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

23 JUL 31 AM 1:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>, (d)</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence of a current inventory of belongings. Last inventory noted was during admission in 2021.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">-----</p> <p>On 7-19-23, I updated the resident's inventory of belongings as instructed.</p>	<p style="text-align: center;">7/21/23</p> <p style="text-align: center;">23 JUL 31 AM 1:47</p> <p style="text-align: center;">STATE OF HAWAII DOH-BHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence of a current inventory of belongings. Last inventory noted was during admission in 2021.</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> <ol style="list-style-type: none"> 1. On the old form, I will add additional columns for the date. This way, it will remind me to keep a current inventory of resident's possessions. 2. As an additional reminder, I will add a written notation on the old form to keep the inventory of belongings current. 3. I will also attach a sticky note on the form as a reminder to keep it current. 	<p style="text-align: right; vertical-align: top;">7/31/23</p> <p style="text-align: right; vertical-align: bottom;">23 JUL 31 AM 11:47</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: 
Print Name: EDNA LOWMY
Date: 7/27/23

23 JUL 31 AM 11:47
STATE OF HAWAII
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