

State Licensing Section

STATE LICENSING  
SECTION

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Mildred's</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1273 Peke Place, Waipahu, Hawaii 96797</b>	<b>Inspection Date: March 13, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> <u>Resident #1 – No documented evidence of a monthly weight taken from July 2023 – December 2023.</u></p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 APR -4 P 1:58</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> <u>Resident #1 – No documented evidence of a monthly weight taken from July 2023 – December 2023.</u></p>	<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><i>I will pure to have a checklist &amp; guidelines for proper documentation of weight upon admission / also the .off. month, thus to prevent from another recurrence of said deficiency</i></p>	<p style="text-align: right;"><i>4/2/2024</i></p> <p style="text-align: right;">24 APR -4 P 1:58</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: Mildred Bumanglag  
Print Name: MILDRED BUMANGLAG  
Date: 4/2/2024

STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING

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