Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cua, Lilia	CHAPTER 100.1
Address: 464 Heahea Street, Hilo, Hawaii 96720	Inspection Date: August 21, 2024 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 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
	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Resident #2 - Observed white correction liquid used on resident's general operating policy signature page.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I replaced the general operating policy signature page with a clean copy and had the resident review and sign the document.	08/21/24

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Resident #2 – Observed white correction liquid used on resident's general operating policy signature page.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	I will add a reminder to my "reminder list" to not use white correction liquid on resident's records and reports.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including	PART 1	Date
receipts for expenditures, and a current inventory of resident's possessions.	DID YOU CORRECT THE DEFICIENCY?	
FINDINGS Resident #1 - No documented evidence of a current inventory of belongings on file for departmental review.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
inventory of belongings on the for departmental review.		08/21/24
	I documented a current inventory of belongings.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-19 Resident accounts. (d) 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. FINDINGS Resident #1 – No documented evidence of a current inventory of belongings on file for departmental review.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date
	I will verify that all the necessary documents are present by performing a self-check of the documents as well as having my substitutes do their own check to verify all th	

Licensee's/Administrator's Signature:	Lilia Cna
Print Name:	Lilia Cua
Date:	Aug 26, 2024