

Office of Health Care Assurance
State Licensing Section

STATE LICENSING SECTION
STAFFEL

25 AUG 11 AM 1:53

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ellazar, Estela	CHAPTER 100.1
Address: 17-162 Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: July 14, 2025 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 Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current inventory of belongings on file for department review.</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;"><i>Resident's re-inventory belongings has been done and filed on residents chart.</i></p>	<p style="text-align: center;"><i>7/20/2022</i></p> <p style="text-align: center;">AUG 11 AM 11:53</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current inventory of belongings on file for department review.</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 style="text-align: center;"><i>In the future, upon resident's readmission to the EARCH, I will have an inventory sheet updated and reviewed with the resident. I will follow the readmission/admission checklists given by DOH.</i></p>	<p style="text-align: right;"><i>8/1/2025</i></p> <p style="text-align: right;">25 AUG 11 AM 53</p> <p style="text-align: right;">STATE LICENSING</p>

Licensee's/Administrator's Signature: Estela Quizon

Print Name: ESTELA QUIZON

Date: 8/8/2008

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