Clear Form

Department of Human Services

Return to: Health Services Advisory Group, Inc.
1001 Kamokila Blvd., Suite 311
Kapolei, HI 96707
Phone: (808) 440-6000
Fax: (808) 440-6009

Medicaid Certified Nursing Facility

Admissions & Readmissions

FACILITY NAME:	ALOHA NURSING & REHAB CENTER
TYPE OF REPORT:	Monthly XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PERIOD COVERED:	*Start Date (MM/DD/YY)* 06/08/21 *End Date (MM/DD/YY)* 06/08/21

GENERAL INSTRUCTIONS:

- Please PRINT/TYPE all information.
- Monthly reports list all admissions during the month, and are due by the 15th of the following month.
- Please use additional forms if more than 25 residents are listed.
- Please include the four-digit year when entering a resident's date of birth.
- Please do not include a middle name or initial. Enter last name, first name only.

LIST RESIDENTS (Regardless of Payor Source) *(Last Name, First Name)*	MEDICAID ID NUMBER *(If none, put N/A)*	DATE OF BIRTH *MM/DD/YYYY*	ADMISSION DATE *MM/DD/YY*	COMMENTS
1. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/19/2021	08/18/21	XXXXXXXXXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/12/2021	08/11/21	XXXXXXXXXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/01/2021	07/31/21	XXXXXXXXXXXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/06/2021	08/05/21	XXXXXXXXXXXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/07/2021	08/06/21	XXXXXXXXXXXXXXXXXXXXXXX
6. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/03/2021	07/02/21	XXXXXXXXXXXXXXXXXXXXXXX
7. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/02/2021	07/01/21	XXXXXXXXXXXXXXXXXXXXXXX
8. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/24/2021	07/23/21	XXXXXXXXXXXXXXXXXXXXXXX
9. XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/15/2021	07/14/21	XXXXXXXXXXXXXXXXXXXXXXX
10. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/22/2021	07/21/21	XXXXXXXXXXXXXXXXXXXXXXX
11. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/05/2021	08/04/21	XXXXXXXXXXXXXXXXXXXXXXX
12. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/27/2021	08/26/21	XXXXXXXXXXXXXXXXXXXXXXX
13. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/01/2021	07/31/21	XXXXXXXXXXXXXXXXXXXXXXX
14. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/07/2021	08/06/21	XXXXXXXXXXXXXXXXXXXXXXX
15. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/06/2021	08/05/21	XXXXXXXXXXXXXXXXXXXXXXX
16. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/12/2021	08/11/21	XXXXXXXXXXXXXXXXXXXXXXX
17. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/13/2021	08/12/21	XXXXXXXXXXXXXXXXXXXXXXX
18. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/03/2021	08/02/21	XXXXXXXXXXXXXXXXXXXXXXX
19. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/06/2021	08/05/21	XXXXXXXXXXXXXXXXXXXXXXX
20. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	08/28/2021	08/27/21	XXXXXXXXXXXXXXXXXXXXXXX
21. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/13/2021	07/12/21	XXXXXXXXXXXXXXXXXXXXXXX
22. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/05/2021	07/04/21	XXXXXXXXXXXXXXXXXXXXXXX
23. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/04/2021	07/03/21	XXXXXXXXXXXXXXXXXXXXXXX
24. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/03/2021	07/02/21	XXXXXXXXXXXXXXXXXXXXXXX
25. XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	07/01/2021	06/30/21	XXXXXXXXXXXXXXXXXXXXXXX

THE FOREGOING INFORMATION IS TRUE, ACCURATE AND COMPLETE FOR THE REPORTING PERIOD.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX — Print Name/Title

06/30/2021 — Date