

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE
601 KAMOKILA BOULEVARD, ROOM 361
KAPOLEI, HAWAII 96707
PRELIMINARY
REPORT OF ON-SITE VISIT

In 1032
out 1307
adm ϕ
vac ①

NAME OF FACILITY Akamai Adult Residential Care Home DATE 10/21/15

AREAS OF NON-COMPLIANCE:

No Deficiencies



Forms Given: ARCA sample forms (CARE HOME, RESIDENT BINDER.) RE: Emergency
Info 4/14 memo, Polst Provider Form.

SURVEYOR'S SIGNATURE

OPERATOR'S SIGNATURE

[Handwritten Signature]