

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
HCH-ORCA LICENSING

Facility's Name: E&J Adult Residential Care Home	CHAPTER 100.1
Address: 74-797 Uluaoa Street, Kailua-Kona, Hawaii 96740	Inspection Date: February 27, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident [redacted] no evidence of current immunization for pneumococcal or resident refusal.</p>	<p>[redacted]</p> <p><i>c) For future admissions, I will complete all the requirements listed in form ARCH N1A before admitting a new resident in my care home.</i></p>	<p>3/2/15</p>

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Licensee/Administrator's Signature: _____

Print Name: _____

Date: 3/17/15