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HMX
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HMX

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

NAME OF FACILITY Pascual, Esther **DATE** 10/12/15

AREAS OF NON-COMPLIANCE:

No Deficiencies

Forms Given: ARCH Sample Forms Resident Binder / CARE HOME Binder, Re: In Case of An Emergency 4/21/14, POLST Provider form, ARCH/EXPANDED ADMISSION/READMISSION Check list, GRAPEFRUIT JUICE and Rx, How to dispose of Unused Medicines

[redacted]
SURVEYOR'S SIGNATURE

OPERATOR'S SIGNATURE

OHCA
5/01

[redacted]