

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Khrist Emmanuel	CHAPTER 100.1
Address: 94-1178 Hina Street, Waipahu, Hawaii 96797	Inspection Date: March 16, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p>FINDINGS Bedroom #3 - One (1) wheelchair and one (1) quad cane in closet; however, ambulatory Resident #1 resides in room.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> Twelve (12) monthly fire drills; however, times did not vary. Each drill occurred at 9:00 a.m.		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____