

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: Fronza, Myrna (ARCH/EARCH) DATE: August 14, 2015

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AREAS OF NON-COMPLIANCE:

Time in: 7:50 a.m.  
Time out: ~~11:53~~ a.m.  
Vacancies: 2

Resident 

Congratulations! No Deficiencies

  
SURVEYOR'S SIGNATURE

  
OPERATOR'S SIGNATURE