

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Agustin, Flordina (ARCH)	CHAPTER 100.1
Address: 4354 Wena Street, Lihue, Hawaii 96766	Inspection Date: March 18, 2015 Untimely

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (e)(2) Inspections.</p> <p>Following an annual inspection, a list of deficiencies, if any, shall be given to the licensee or primary care giver of the ARCH or expanded ARCH. The licensee or primary care giver of the ARCH or expanded ARCH shall return a plan of correction for the deficiencies cited within ten working days. An acceptable plan for correcting deficiencies shall include the time frame for correction and the preventive measures that will be instituted to ensure compliance with this chapter;</p> <p><b><u>FINDINGS</u></b>                      On April 22, 2015, your Statement of Deficiencies (SOD) for the deficiencies found during your annual inspection on March 18, 2015, was sent to you. Your plan of correction (POC), dated July 6, 2015, was untimely.</p>		

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_