

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ancheta, Imelda (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-854 Awanei Street, Waipahu, Hawaii 96797	Inspection Date: November 22, 2016 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(6) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>In Type I ARCHs, bedrooms, hallways, and corridors shall be large enough to allow passage, access and be comfortable for residents with assistive devices. Type I ARCHs shall establish a performance criteria for safe evacuation and exit from the facility meeting the standards and requirements as set forth by the Uniform Building Code (UBC) and NFPA 101 (with utilization of the FSES rating).</p> <p><u>FINDINGS</u> Rear exit obstructed by plant branches.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">As soon as Mr. Lum told me about the plant branches, my husband went to cut right away.</p>	<p style="text-align: center;">11-22-16</p>



RULE # 11-100.1-23(i)(6)

PART 2

FUTURE PLAN

**USE THIS SPACE TO EXPLAIN YOUR
FUTURE PLAN: WHAT WILL YOU DO TO
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

I made a calendar
reminder to cut the plant
branches every two weeks
so that it will not happen
again.

Licensee's/Administrator's Signature: Imelda Ancheta

Print Name: Imelda Ancheta

Date: 12-08-16