

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ferrer	CHAPTER 100.1
Address: 1701 Elua Street, Honolulu, Hawaii 96819	Inspection Date: June 6, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p>FINDINGS Licensee lost license issued August 31, 2015.</p>	<p>Resident #3 borrowed the license to secure her insurance and I forgot to take it back. I obtained another copy from OHA and posted in the living room visible to everybody. Also, I made copies and kept in my ARCH folder and be available whenever a copy needed or requested by any of my residents family.</p>	6/25/16

Licensee's/Administrator's Signature: _____

Erinda J. Ferrer

Print Name: _____

ERLINDA T. FERRER

Date: _____

7/6/16