

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TLC Care Home, LLC	CHAPTER 100.1
Address: 1439 Lehia Street, Honolulu, Hawaii 96818	Inspection Date: February 2, 2018

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

08 11 2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection.</p> <p>All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws;</p> <p><u>FINDINGS</u> At the time of the Life Safety Consultant inspection on January 12, 2018, there was no annual Fire Extinguisher inspection.</p> <p>On the day of the inspection, the invoice for the annual fire extinguisher inspection noted the inspection was completed on January 12, 2018 by Oahu Fire Protection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Fire extinguisher was brought in immediately for inspection. In the future, I will include to check the expiration date of fire extinguisher inspection while doing the monthly check of smoke detectors.</i></p>	<p style="text-align: center;"><i>11/2/18</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: *[Signature]*

Print Name: MACRINA VICERRA - JAWG

Date: 2/3/18

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