

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|--|---------------------------------------|
| Facility's Name: Aloha Care (DDDH) | CHAPTER 89 |
| Address: 94-983 Lumihoahu Street, Waipahu, Hawaii 96797 | Inspection Date: April 4, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <p>§11-89-12 Structural requirements for licensure. (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Front door, which is identified as an exit on the fire evacuation plan, has a sliding chain lock.</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;"><i>My deficiency has been corrected as the sliding chain lock was removed.</i></p> | <p style="text-align: center;"><i>4-5-18</i></p> |

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Licensee's/Administrator's Signature: *Raquel Julian*

Print Name: *RAQUEL JULIAN*

Date: *4-30-18*

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STATE OF HAWAII
DOH-ORCA
STATE LICENSING

Licensee's/Administrator's Signature: *Raquel Julian*

Print Name: *RAQUEL JULIAN*

Date: *4-30-18*

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APR 30 2018