

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| Facility's Name: Ai ARCH                                | CHAPTER 100.1                             |
| Address: 1329 Ala Aolani Street, Honolulu, Hawaii 96819 | Inspection Date: December 14, 2018 Annual |

|                                     | Rules (Criteria) | Plan of Correction  | Completion Date |
|-------------------------------------|------------------|---------------------|-----------------|
| <input checked="" type="checkbox"/> | NO DEFICIENCIES  | NOT APPLICABLE (NA) | NA              |