

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |                                   |
|--|-----------------------------------|
| Facility's Name: Evelyn Valdez ARCH/E-ARCH         | CHAPTER 100.1                     |
| Address: 91-1129 Kiwi St., Ewa Beach, Hawaii 96706 | Inspection Date: February 4, 2019 |

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