

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|--|
| Facility's Name: Calucag ARCH-I | CHAPTER 100.1 |
| Address: 99-042 Ieie Place, Aiea, Hawaii 96701 | Inspection Date: July 24, 2020 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) WORKING 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"/> | NO DEFICIENCIES | NOT APPLICABLE (N/A) | N/A |

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____