

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Charity Adult Residential Care Home/E-ARCH II</b>	<b>CHAPTER 100.1</b>
<b>Address: 1563 Molina Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: July 29, 2020 Annual</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (N/A)	N/A

