

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Senior Living With Aloha, L.L.C.	CHAPTER 100.1
Address: 1419 A 16th Avenue, Honolulu, Hawaii, 96816	Inspection Date: March 22, 2021 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.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b>FINDINGS</b>                      44 W Resident #1, #2, and #3 – Are currently certified as non-self-preserving.</p> <p>Maximum of two non-self-preserving residents is two (2).</p> <p><b>Please send updated Self-preservation statements along with your plan of correction if applicable.</b></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Resident #4 has been re-evaluated with her doctor for self preservation. She is now self-preserving. Please see the attached Self-Preservation Statement dated 3/29/2021.</i></p>	<p style="text-align: center;"><i>3/29/2021</i></p> <p style="text-align: right;">Z1 APR 22 12:32</p>

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Licensee's/Administrator's Signature: Jan Rumi

Print Name: M. JAW Rumi

Date: 3/29/2021

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