

Office of Health Care Assurance
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: CEJ Charity ARCH-EC, L.L.C.	CHAPTER 100.1
Address: 45-415 Kulauli Street, Kaneohe, Hawaii 96744	Inspection Date: July 26, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DHHS-CHCA
STATE LICENSING

JUL 28 P 3:16

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(3)(C) Miscellaneous records: When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Emergency information; FINDINGS Resident #1 – No emergency information form in folder.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>On-going completion - to be completed by the end of today.</i></p>	<p style="text-align: center;"><i>7/26/21</i></p> <p style="text-align: center;">STATE OF HAWAII DCH-DMCA STATE LICENSING</p> <p style="text-align: center;">21 JUL 28 P 3:16</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-17 Records and reports. (h)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Emergency information;</p> <p>FINDINGS Resident #1 - No emergency information form in folder</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>FUTURE PLAN</p> <p>PART 2</p> <p><i>Emergency information - the is completed by the end of today In the future Emergency Information for each resident will be completed within couple days after admission.</i></p> <p>STATE OF HAWAII DOM-CHCA STATE LICENSING</p>	<p>7/26/21</p> <p>21 JUL 28 P 3:16</p>

Licensee's/Administrator's Signature:

Cheryl

Print Name:

Cheryl B. LTB

Date:

7/26/21

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

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