

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Emma-Rose Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-379 Haaa Street, Waipahu, Hawaii, 96797</b>	<b>Inspection Date: February 14, 2022 Annual</b>

**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.**

22 APR 25 10:20  
STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(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><b><u>FINDINGS</u></b> Resident #2: Self-preservation order unclear.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Self-Preservation order obtained and signed by the Resident Primary Care Physician. New copy of Self Preservation form was placed in Resident Binder.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHF-ORCA STATE LICENSING</p>	<p style="text-align: center;"><i>4/15/22</i></p> <p style="text-align: center;">22 APR 25 A 8:20</p>

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Licensee's/Administrator's Signature: Belma Unay

Print Name: BELMA UNAY

Date: 04-15-22

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STATE OF HAWAII  
DOH-ONCA  
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