

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name: Emma-Rose Adult Residential Care Home</b>  | <b>CHAPTER 100.1</b>                            |
| <b>Address:<br/>94-379 Haaa Street, Waipahu, Hawaii, 96797</b> | <b>Inspection Date: February 9, 2023 Annual</b> |

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