Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Years Adult Residential Care Home	CHAPTER 100.1
Address: 94-480 Niulii Street, Waipahu, Hawaii 96797	Inspection Date: November 3, 2023 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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least	PART 1	
monthly under varied conditions and times of day; FINDINGS For the past twelve (12) months, fire drills have been conducted on the following dates: 11/6/22, 1/19/23, 3/20/23, 6/22/23, and 9/20/23.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS For the past twelve (12) months, fire drills have been conducted on the following dates: 11/6/22, 1/19/23, 3/20/23, 6/22/23, and 9/20/23.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future, fire drills will be done every month during different hours of the day and will include the participants and time duration of the drill. Hominders for the monthly drill will be written on my wall calendar planner.	Nov 04 2003

Licensee's/Administrator's Signature:
Print Name: ELAINE BAUTSTA
Date: Nov 04 2023