

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Magaoay, Shirley (ARCH)	CHAPTER 100.1
Address: 1529 Leilani Street, Honolulu, Hawaii 96819	Inspection Date: November 8, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING SECTION
OFFICE OF HEALTH CARE ASSURANCE

24 JAN -3 P3:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Last documented fire drill on 3/8/23. No documented evidence that fire drills were conducted from 3/8/23 to 11/8/23.</p>	<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>The drill were in my personal calendar. States have added to my fire drill log to reflect fire drills at least every quarter</p>	<p>11/9/2023</p> <p style="text-align: right;">*24 JAN -3 P3:16</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION STAMFORD, CT</p>

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Licensee's/Administrator's Signature: Shirley B. Magaway

Print Name: Shirley B. Magaway

Date: November 9, 2023

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