STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC IN HAWAII - EWA B	91-824 B HANAKAHI STREET , EWA BEACH, Hawaii, 96706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments The facility met the Health Safety Requirements of Appendix Z in accordance with 42 CFR §483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Emergency Preparedness.	E0000		
W0000	INITIAL COMMENTS A focused fundamental recertification survey was conducted by the Office of Health Care Assurance on 05/11/26 to 05/13/26. The facility was not in compliance with requirements at 42 CFR §440.150, Subpart 1, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Census: 5 Sample Size: 3	W0000		
W0433	FLOORS CFR(s): 483.470(f)(3) The facility must have exposed floor surfaces and floor coverings that promote mobility in areas used by clients. This STANDARD is NOT MET as evidenced by: Based on observation and staff interview, the facility did not properly maintain the flooring tile in the client's room. As a result of this deficiency, the mobility of the client's were negatively affected. Findings include: Observation of the client's room, on 05/12/26 at 05:50 PM, showed several flooring tiles cracked or lifting up. During staff interview on 05/12/26 at 05:55 PM, Home Manager (Mgr) said there was a work order made and they have been waiting for the repairs.	W0433		06/15/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE