Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alfe Expanded ARCH	**CHAPTER 100.1**
Address: **1464 Puanakau Street, Honolulu, Hawaii 96818**	**Inspection Date: October 15, 2015 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA