[redacted]

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE
601 KAMOKILA BOULEVARD, ROOM 361
KAPOLEI, HAWAII 96707

PRELIMINARY

REPORT OF ON-SITE VISIT

NAME OF FACILITY C.P Gallegos ARCH/EARCH **DATE** 9/9/15

AREAS OF NON-COMPLIANCE:

No Deficiencies

[redacted]

[redacted]

[redacted]

[redacted]

SURVEYOR'S SIGNATURE

[redacted]

OPERATOR'S SIGNATURE

[redacted]

OHCA
5/01