

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Carlos Care Home	CHAPTER 100.1
Address: 73-1070 Makamaka Street, Kailua-Kona, Hawaii 96740	Inspection Date: April 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA