

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acosta, Conchita (ARCH)	CHAPTER 100.1
Address: 127 W. Puainako Street, Hilo, Hawaii 96720	Inspection Date: December 24, 2015

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