

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lavigne-Namoca Care Home	CHAPTER 100.1
Address: 98-609 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: May 20, 2015 Annual

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