

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Susan	<b>CHAPTER 100.1</b>
<b>Address:</b> 5145 Likini Street, Honolulu, Hawaii 96818	<b>Inspection Date:</b> July 20, 2015 Annual

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