

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Apostol Care Home ARCH	CHAPTER 100.1
Address: 94-1244 Hinaea Street, Honolulu, Hawaii 96797	Inspection Date: July 1, 2015

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