

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aguinardo, Evangeline (ARCH)	CHAPTER 100.1
Address: 3787 Mamaki Street, Koloa, Hawaii 96756	Inspection Date: February 5, 2016

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