

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Obaldo, Marcelina (ARCH)	CHAPTER 100.1
Address: 94-852 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: October 8, 2015 Annual

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