Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Julian, Clarita (ARCH)	**CHAPTER 100.1**
Address: 2364 Haumana Place, Honolulu, Hawaii 96819	**Inspection Date: April 15, 2016 Annual**

	Rules (Criteria)	Plan of Correction	Completion Date
☒	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA