

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Po'ailani Dual Diagnosis Program	CHAPTER 98
Address: 553-A Kawainui Street, Kailua, Hawaii 96734	Inspection Date: May 20, 2016 Annual

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