Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Connie's	**CHAPTER 100.1**
Address: 94-1040 Kuhaulua Street, Waipahu, Hawaii 96797	**Inspection Date: October 20, 2016 Annual**

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