Office of Health Care Assurance

**State Licensing Section**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

| | |
|---|---|
| **Facility's Name: Santos, Norma (ARCH)** | **CHAPTER 100.1** |
| **Address:**<br>**4240 Keaka Drive, Honolulu, Hawaii 96818** | **Inspection Date: October 12, 2016 Annual** |

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