Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Zenaida's	**CHAPTER 100.1**
Address: 67-435 Kukea Circle, Waialua, Hawaii 96791	**Inspection Date: October 7, 2016 Annual**

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