

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Viernes, May G. (ARCH)	CHAPTER 100.1
Address: 94-1184 Hina Street, Waipahu, Hawaii 96797	Inspection Date: November 2, 2016 Annual

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