

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Imelda G. Arreola (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 87-164 Kaukamana Street, Waianae, Hawaii 96792	Inspection Date: April 5, 2017 Annual

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