

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|--|--|
| Facility's Name: Oililua Elder Care, Inc. #III | CHAPTER 100.1 |
| Address: 429B Ulupaina Street, Kailua, Hawaii 96734 | Inspection Date: May 9, 2017 Annual |

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