

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. Ramos (ARCH)	CHAPTER 100.1
Address: 98-063 Puaole Place, Aiea, Hawaii 96701	Inspection Date: November 17, 2016 Annual

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