

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|------------------------------------|
| Facility's Name: Emma Rose | CHAPTER 100.1 |
| Address: 47-442 Aialii Place, Kaneohe, Hawaii 96744 | Inspection Date: December 28, 2016 |

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