

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|--|---|
| Facility's Name: Hale Nohea, LLC                       | CHAPTER 100.1                             |
| Address: 5071 Maunalani Circle, Honolulu, Hawaii 96816 | Inspection Date: December 27, 2016 Annual |

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