Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Julian, Clarita (ARCH)	CHAPTER 100.1
Address: 2364 Haumana Place, Honolulu, Hawaii 96819	Inspection Date: April 15, 2016 Annual
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	Rules (Criteria)	Plan of Correction	Completion
\boxtimes	NO DEFICIENCIES	NOT APPLICABLE (NA)	Date NA
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