

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>Connie's</b>	<b>CHAPTER 100.1</b>
Address: <b>94-1040 Kuhaulua Street, Waipahu, Hawaii 96797</b>	Inspection Date: <b>October 20, 2016 Annual</b>

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