

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Kailua Gardens	<b>CHAPTER 100.1</b>
<b>Address:</b> 120 Mookua Street, Kailua, Hawaii 96734	<b>Inspection Date:</b> September 29, 2017 Annual

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