

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oamil, Remedios	CHAPTER 100.1
Address: 94-1011 Akihiloa Street, Waipahu, Hawaii 96797	Inspection Date: August 10, 2017 Annual

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