

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: ALFE II | CHAPTER 100.1 |
| Address: 1214 Kukila Street, Honolulu, Hawaii 96818 | Inspection Date: November 3, 2017 Annual |

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