

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Susan's Adult Residential Care, LLC	CHAPTER 100.1
Address: 1315 Gulick Avenue, Honolulu, Hawaii 96819	Inspection Date: December 21, 2017 Annual

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