

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Hawaii Kai Retirement Community Phase I &amp; II</b>	<b>CHAPTER 100.1</b>
<b>Address: 428 Kawaihae Street, Honolulu, Hawaii, 96825</b>	<b>Inspection Date: January 17 &amp; 18, 2018 Biennial</b>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA