

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lanihale, Inc.	CHAPTER 100.1
Address: 187 Nenu Street, Honolulu, Hawaii 96821	Inspection Date: January 4, 2018 Annual

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