

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family Ties Adult Residential Care Home	CHAPTER 100.1
Address: 1119 Kahauiki Place, Honolulu, Hawaii 96819	Inspection Date: January 5, 2016

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

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____