

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Agraan, Gliseria (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1266 Hiapo Street, Waipahu, Hawaii 96797	Inspection Date: April 21, 2016 Annual

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

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

