

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Helen Y Agbayani	CHAPTER 100.1
Address: 1328 Kamehameha IV Rd., Honolulu, HI 96818	Inspection Date: April 22, 2020 Annual Inspection

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