Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paradise ARCH	**CHAPTER 100.1**
Address: 86-112 Hoaha Street, Waianae, Hawaii 96792	**Inspection Date: February 25, 2020 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA