

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Agency's Name: Arcadia Home Health Services | CHAPTER 700 |
| Address: 1660 S. Beretania Street, 3rd Floor, Honolulu, Hawaii 96826 | Inspection Date: June 18, 2020 Initial |

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