

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabingabang Care Home	CHAPTER 100.1
Address: 94-1121 Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: July 16, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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: _____