

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family (DDDH)	CHAPTER 89
Address: 94-035 Nawaakoa Place, Waipahu, Hawaii, 96797	Inspection Date: October 8, 2020 Annual

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