

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii State Hospital State Operated Specialized Residential Program	CHAPTER 98
Address: 45-710 Keahala Road, Kaneohe, Hawaii 96744	Inspection Date: October 14, 2020 Annual

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