

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Karen R. Yamashita	CHAPTER 100.1
Address: 99-701 Kealaluina Street, Aiea, Hawaii 96701	Inspection Date: September 10, 2020 Initial

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