

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Po'ailani Dual Diagnosis Program | CHAPTER 98 |
| Address: 553-A Kawainui Street, Kailua, Hawaii 96734 | Inspection Date: May 5, 2021 Annual |

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