Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ilar, Emelyn (ARCH/Expanded ARCH)	**CHAPTER 100.1**
Address: 1712 Keone Street, Hilo, Hawaii 96720	**Inspection Date: August 23, 2021 – Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA