

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/01/2021</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**OPPORTUNITIES AND RESOURCES, INC (HOL**

**64-1510 KAMEHAMEHA HIGHWAY  
WAHIAWA, HI 96786**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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9 000 INITIAL COMMENTS

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A relicensure survey was conducted by the Office of Health Care Assurance (OHCA) from August 31 to September 1, 2021. The facility was found to be in substantial compliance with Title 11, Chapter 99, Subchapter 1. The census at the time of entrance was three clients.

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Susanna F. Cheung*  
**Susanna F. Cheung**

TITLE

**President/CEO**

(X6) DATE

**09/23/2021**