## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gaylord's IV	CHAPTER 100.1
Address:	Inspection Date: August 5, 2021 Annual
1116 Kaialiu Street, Honolulu, Hawaii 96826	

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