

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Inocencio, Patricia (ARCH)	CHAPTER 100.1
Address: 1423 Mailani Street, Hilo, Hawaii 96720	Inspection Date: October 6, 2020

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