

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Magaoay, Shirley (ARCH) | CHAPTER 100.1 |
| Address: 1529 Leilani Street, Honolulu, Hawaii 96819 | Inspection Date: November 19, 2021 Annual |

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