

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|--|---|
| Facility's Name: Corpuz | CHAPTER 89 |
| Address: 99-226 Ohenana Place, Aiea, Hawaii 96701 | Inspection Date: March 17, 2022 Annual |

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