Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Beckwith Manoa Senior Care | CHAPTER 100.1 |
|-------------------------------------------------------|---------------------------------------|
| Address: 2375 Beckwith Street, Honolulu, Hawaii 96822 | Inspection Date: June 29, 2022 Annual |

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