## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Gaylord's V                            | CHAPTER 100.1                         |
|---|---------------------------------------|
| Address:<br>2423 Bingham Street, Honolulu, Hawaii 96826 | Inspection Date: June 16, 2022 Annual |

|             | Rules (Criteria) | Plan of Correction  | Completion<br>Date |
|-------------|------------------|---------------------|--------------------|
| $\boxtimes$ | NO DEFICIENCIES  | NOT APPLICABLE (NA) | NA                 |
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