Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sagadraca Care Home	CHAPTER 100.1
Address: 94-329 Kiokio Place, Waipahu, Hawaii 96797	Inspection Date: 11/2/2022 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
\boxtimes	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA