

Office of Health Care Assurance

**State Licensing Section**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name: Okano Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 16-1397 35<sup>th</sup> Avenue, Keaau, Hawaii 96749</b>	<b>Inspection Date: November 1, 2022 – Annual</b>

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