

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| <b>Facility's Name: Agraan, Gliseria (ARCH/Expanded ARCH)</b> | <b>CHAPTER 100.1</b>                          |
| <b>Address: 94-1266 Hiapo Street, Waipahu, Hawaii 96797</b>   | <b>Inspection Date: April 11, 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                     |