Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Manoa Senior Care A | CHAPTER 100.1 |
|--|---|
| Address: 2250 Oahu Avenue, Honolulu, Hawaii 96822 | Inspection Date: March 30 & 31, 2023 Annual |

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