

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Padre, Norma (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address:</b> <b>94-607 Mahoe Street, Waipahu, Hawaii, 96797</b>	<b>Inspection Date: January 12, 2023 Annual</b>

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