Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Quitevis, Elena | CHAPTER 100.1 |
|--|--|
| Address: 1614 Maluwai Street, Pearl City, Hawaii 96782 | Inspection Date: April 28, 2023 Annual |

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