

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|--|---|
| <b>Facility's Name: Hale Lokelani 'Ohana</b>         | <b>CHAPTER 89</b>                               |
| <b>Address: 295 Mikohu Loop, Kahului, Maui 96732</b> | <b>Inspection Date: October 30, 2023 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                     |