

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aloha Adult DD Domiciliary Home, LLC	<b>CHAPTER 89</b>
<b>Address:</b> 2235 Auhuhu Street, Pearl City, Hawaii 96782	<b>Inspection Date:</b> April 25, 2024 Annual

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