

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sharolyn L Galamay LLC	CHAPTER 100.1
Address: 91-1141 Kauiki Street, Ewa Beach, HI 96706	Inspection Date: March 6, 2024 Annual

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