

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|----------------------------------------------------------------|-----------------------------------------------|
| Facility's Name: 15 Craigside | CHAPTER 90 |
| Address: 15 Craigside Place, Honolulu, Hawaii 96817 | Inspection Date: March 21, 2024 Annual |

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