Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: A & C Care Home | CHAPTER 100.1 |
|--|---------------------------------------|
| Address: 2294 Awapuhi Street, Hilo, Hawaii 96720 | Inspection Date: May, 20, 2024 Annual |

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