

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Atanes, Remedios	CHAPTER 100.1
Address: 87-542 Manuu Street, Waianae, HI 96792	Inspection Date: May 15, 2024 Annual

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