## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

ĺ	Facility's Name: Atanes, Remedios	CHAPTER 100.1	:
	Address: 87-542 Manuu Street, Waianae, H1 96792	Inspection Date: May 15, 2024 Annual	1
	Address, 67-542 Wandu Street, Walanac, 111 70772	inspection izate. Way 10, 2024 rendual	

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