

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Habilitat Inc.	CHAPTER 98
Address: 45-035 Kuhonu Place, Kaneohe, Hawaii 96744	Inspection Date: February 20, 2024 Annual

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