## Office of Health Care Assurance

## State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Weber's                          | CHAPTER 100.1                            |
|---------------------------------------------------|------------------------------------------|
| Address: 3056 Nihi Street, Honolulu, Hawaii 96819 | Inspection Date: November 7, 2024 Annual |

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