

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: DeGuzman, Lydia (ARCH)	CHAPTER 100.1
Address: 94-293 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: December 06, 2024 Annual

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