

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |  |
|---|--|
| <b>Facility's Name: Gaylord's IV</b>                        | <b>CHAPTER 100.1</b>                           |
| <b>Address: 1116 Kaialiu Street, Honolulu, Hawaii 96826</b> | <b>Inspection Date: August 15, 2024 Annual</b> |

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