

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: 808 Adult Residential Care Home/Expanded Care LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 98-209 Kanuku Street, Aiea, Hawaii 96701</b>	<b>Inspection Date: May 21, 2025 Annual</b>

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