

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bolosan, Domie (ARCH)	CHAPTER 100.1
Address: 94-039 Waikele Loop, Waipahu, Hawaii 96797	Inspection Date: June 13, 2025 Annual

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