

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Aloha Care</b>	<b>CHAPTER 89</b>
<b>Address: 94-983 Lumihoahu Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: April 7, 2026 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