

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: DeGuzman, Lydia	CHAPTER 100.1
Address: 94-293 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: December 2, 2025 Annual

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