Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family Ties I ARCH	**CHAPTER 100.1**
Address: 992 Ala Kapua Street, Honolulu, Hawaii 96818	**Inspection Date: December 27, 2024 Annual**

	Rules (Criteria)	Plan of Correction	Completion Date
☒	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA