

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: One Kalakaua Senior Living</b>	<b>CHAPTER 90</b>
<b>Address: 1314 Kalakaua Avenue, Honolulu, HI 96826</b>	<b>Inspection Date: January 10, 2024</b>

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