

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
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NAME OF PROVIDER OR SUPPLIER HALE NANI REHABILITATION AND NURSING CENTEF	STREET ADDRESS, CITY, STATE, ZIP CODE 1677 PENSACOLA STREET HONOLULU, HI 96822
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	<p>Initial Comments</p> <p>A focused relicensing and infection control survey was conducted by the Office of Health Care Assurance (OHCA) on 05/06/2020. The facility was found to be in compliance with Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities, at focused sections: 11-94.1-53 Infection control, 11-94.1-29 Resident abuse, neglect, and misappropriation of resident property, 11-94.1-36 Admission, transfer, and discharge, 11-94.1-39 Nursing services, and 11-94.1-58 Emergency preparedness.</p> <p>Total residents: 258</p>	4 000		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/23/20