

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
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NAME OF PROVIDER OR SUPPLIER HARRY AND JEANETTE WEINBERG CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 45-090 NAMOKU ST KANEHOE, HI 96744
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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 state re-licensure and Infection Control survey was conducted by the Office of Health Care Assurance on 04/22/2020. At the time of entrance, the facility's census included 34 residents.</p> <p>The facility was found to be in compliance with Chapter 11-94.1, "Nursing Facilities" of the Hawaii Administrative Rules, 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>	4 000		

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

Electronically Signed

TITLE

(X6) DATE

04/30/20