Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125041	A. BUILDING: _____ B. WING _____	06/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILIHA HEALTHCARE CENTER	1814 LILIHA STREET HONOLULU, HI 96817

(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	Initial Comments A focused relicensing survey was conducted by the Office of Health Care Assurance (OHCA) on 06/30/2020. Due to the COVID-19 pandemic, the relicensure survey focused on selected sections of the regulatory requirements of the Hawaii Administrative Rule, Title 11, Chapter 94.1, Nursing Facilities. The sections included: Infection Control; Resident Abuse, Neglect, and Misappropriation of Resident Property; Admission, Transfer and Discharge; Nursing Services; and Emergency Preparedness. The facility was found to be in compliance with the regulatory requirement. Total residents: 92	4 000		

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/06/20