

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2022
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NAME OF PROVIDER OR SUPPLIER KAUAI CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9611 WAENA ROAD WAIMEA, HI 96796
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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 re-licensure survey was conducted by the Office of Health Care Assurance on March 23, 2022 in conjunction with the recertification survey conducted on February 23, 2022 by the Healthcare Management Solutions, LLC on behalf of OHCA.</p> <p>The facility was found to meet the regulatory requirements for Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities</p>	4 000		

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/24/22
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