Hawaii Dept. of Health, Office of Health Care Assurance
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  LEAHI HOSPITAL  3675 KILAUEA AVENUE HONOLULU, HI 96816  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  LEAHI HOSPITAL  SUMMARY STATEMENT OF DEFICIENCIES HONOLULU, HI 96816  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  11-94.2-0 Initial Comments  4 000  11-94.2-0 Initial Comments  The Department of Health, Office of Health Care Assurance has accepted the federal Medicare recertification of this facility for state relicensing purposes and has exempted this facility from a relicensing inspection as authorized by chapter 11-94.2-6(e) Hawaii Administrative Rules (HAR). Refer to the federal Medicare recertification survey report to see citations and plans of correction.  Survey Census: 104 Sample Size: 29			IDENTIFICATION NUMBER:			COMPLETED	
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LEAHI HOSPITAL    Compute	100		125010	B. WING	<del>/                                      </del>	09/14/2023	
LEAHI HOSPITAL    Compute	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE						
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE    4 000   11-94.2-0 Initial Comments   4 000    The Department of Health, Office of Health Care Assurance has accepted the federal Medicare recertification of this facility for state relicensing purposes and has exempted this facility from a relicensing inspection as authorized by chapter 11-94.2-6(e) Hawaii Administrative Rules (HAR). Refer to the federal Medicare recertification survey report to see citations and plans of correction.  Survey Census: 104   Sample Size: 29	3675 KILAUEA AVENUE						
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE    4 000   11-94.2-0 Initial Comments   4 000    The Department of Health, Office of Health Care Assurance has accepted the federal Medicare recertification of this facility for state relicensing purposes and has exempted this facility from a relicensing inspection as authorized by chapter 11-94.2-6(e) Hawaii Administrative Rules (HAR). Refer to the federal Medicare recertification survey report to see citations and plans of correction.  Survey Census: 104   Sample Size: 29	I LEAHI HOSPITAL						
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Office of Health Care Assurance  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE							

**Electronically Signed** 

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