Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

SULDING: CONFLICTED	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER PEARL CITY NURSING HOME PEARL CITY NURSING HOME PEARL CITY, HI 96782 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [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 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			IDENTIFICATION NUMBER:				
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Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed