Hawaii Dept. of Health, Office of Health Care Assurance

126029   D. WING   D. WI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
SAMUEL MAHELONA MEMORIAL HOSPITAL  4800 KAWAIHAU ROAD KAPAA, HI 96746    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COMPLETE DEFICIENCY)   COMPLETE DEFICIENCY)   COMPLETE DEFICIENCY			125029	B. WING		12/01/2023	
SAMUEL MAHELONA MEMORIAL HOSPITAL   KAPAA, HI 96746	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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 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: 49	I SAMUEL MAHELONA MEMORIAL HOSPITAL I						
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE **Electronically Signed** 01/05/24