## PRINTED: 09/12/2024 FORM APPROVED

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UNITE CARE CENTER OF HONOLULU     IDNOLULU, HI 96817       Image: Comparison of the comparison of the prediction of the predic	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
memory Too     (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULTIONY OR LSC IDENTIFYING INFORMATION)     PHETRY Too     (EACH CORRECTION SHOULD BE CROSS-REPENDED TO THE APPROPRIATE     COMMITTE DEFICIENCY       4 000     11-94-2-0 Initial Comments     4 000     4 000     Initial Comments     4 000       The Department of Health, Office of Health Care Assurance, conducted a recertification survey on 08/12/24 - 08/15/24. The facility was found not be in compliance with 42 CFR §483, Subpart B. The Office of Health Care Assurance will accept the federal Medicare recertification of this facility for state relicensing inspection as authorized by Chapter 11-94.2. Hawail Administrative Rules, §11-94.2.6(e). Refer to the federal Medicare restrictication survey orport to review the statement of deficiencies and the facility's plan of correction.     The census was 180 residents at the time of entrance.     Initial Care Assurance conduction of the facility of the facility of the facility of state relicensing inspection as authorized by Chapter 11-94.2. Havail Administrative Rules, §11-94.2. e(e). Refer to the facility of state ment of deficiencies and the facility's plan of correction.     Initial Care Assurance conduction for the facility of the facility of correction.     Initial Care Assurance conduction for the facility of the facility of correction.     Initial Care Assurance conduction for the facility of correction.     Initial Care Assurance correction.     Initian correction correctio	THE CARE CENTER OF HONOLULU						
The Department of Health. Office of Health Care Assurance, conducted a recertification survey on 08/12/24 - 08/15/24. The facility was found not be in compliance with 42 CFR §483, Subpart B. The Office of Health Care Assurance will accept the federal Medicare recertification of this facility for state relicensing purposes and has exempted this facility from a relicensing inspection as authorized by Chapter 11-942. Hawaii Administrative Rules, §11-94.2-6(6). Refer to the federal Medicare recortification survey report to review the statement of deficiencies and the facility's plan of correction. The census was 160 residents at the time of entrance.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE	
Assurance, conducted a recertification survey on   08/15/24 - 08/15/24 - 106/15/24 - 106/15/24 - 108/15/24	4 000	11-94.2-0 Initial Com	ments	4 000			
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Electronically signed 09/11/24					TITLE		
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