

Hawaii State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40-N	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER LEAHI HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3675 KILAUEA AVENUE , HONOLULU, Hawaii, 96816	
(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) COMPLETION DATE
40000	Initial Comments CFR(s): 11-94.2-0 The Department of Health, Office of Health Care Assurance (OHCA) conducted a recertification survey on 07/22/25 through 07/25/25. The facility was found not to be in compliance with 42 CFR §483, Subpart B. OHCA will accept the federal Medicare recertification of this facility for state relicensing purposes. Refer to the federal Medicare recertification survey report to review the statement of deficiencies and the facility's plan of correction. The facility was found not to meet the distinct regulatory requirements of Chapter 94.2, Nursing Facilities for criminal background check §11-94.2-7(7).	40000		
40390	Application CFR(s): 11-94.2-7 (7) (7) All prospective applicants, licensees, operators, administrators, and direct resident access employees, and volunteers shall be screened for a history of abuse, neglect, or misappropriation of funds that includes but is not limited to fingerprint record checks through the Federal Bureau of Investigation and the Hawaii criminal justice data center, obtaining information from previous and current employers, and checking with the appropriate licensing boards and registries. [Eff] (Auth: HRS §§321-9, 321-11, 321-15.2) (Imp: HRS §§321-9, 321-11, 321-15.2) This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility failed to screen four direct resident access employees sampled for background checks for a history of abuse, neglect, or misappropriation of funds upon hire: the second year and every other year thereafter. The deficient practice places all residents at risk for abuse or neglect. Findings include:	40390		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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40390	<p>Continued from page 1</p> <p>On 07/23/25 at 04:00 PM, requested the background check information for four new employees and five annual employees from the Administrator.</p> <p>Received the background checks with documentation for the above requested employees on 07/24/25 at 10:00 AM. Review of the following employee records and dates indicated initial background checks upon hire, and one follow up background check was done in the past year.</p> <p>Recreational aide (RA) 193 with hire date of 12/21/09.</p> <p>Certified Nurse Aide (CNA) 41 with hire date of 11/05/19.</p> <p>Health Unit Coordinator (HUC) 24 with hire date of 02/07/05.</p> <p>Registered Nurse (RN) 17 with hire date of 11/05/19.</p> <p>RN65 with hire date of 09/04/07</p> <p>On 07/25/25 at 01:39 PM, interviewed Human Resouces specialist (HR) 179. Asked what the process is for the facility's screening and background checks for its employees. HR179 explained that the employee screening is being redone. All employees were screened this year, and they will be screened again next year. After next year they will be screened every other year. The new employees will be screened upon hire, then again, the next year and after that they will be screened biannually.</p>	40390		