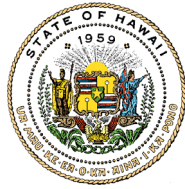


**JOSH GREEN, M.D.**  
GOVERNOR  
KE KIA'ĀINA



**RYAN I. YAMANE**  
DIRECTOR  
KA LUNA HO'OKELE

**JOSEPH CAMPOS II**  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

**TRISTA SPEER**  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

**STATE OF HAWAII**  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
KA 'OIHANA MĀLAMA LAWELAWE KANAKA  
Med-QUEST Division  
Health Care Services Branch  
Contract Monitoring and Compliance Section  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190


January 10, 2025

MEMORANDUM

MEMO NO.

QI-2425A (Replaces QI 2425)  
FFS 24-08A (Replaces FFS 24-08)

TO: QUEST Integration Health Plans

FROM: Judy Mohr Peterson, PhD   
Med-QUEST Division Administrator

SUBJECT: RESCINDED PAYMENT SUSPENSION TO PROVIDER – HALE MAKUA - KAHULUI

The purpose of this memo is to inform Health Plans that this memo replaces QI-2425 and FFS 24-08 previously issued on December 11, 2024, and that mandatory denial of payment to Hale Makua – Kahului for new Medicare and Medicaid admissions is rescinded per CMS Notice dated December 30, 2024.

The Hawaii Department of Health, Office of Health Care Assurance conducted a revisit and found Hale Makua – Kahului to be in substantial compliance with Medicare and Medicaid program participation requirements effective November 20, 2024.

As a result of the revisit, mandatory denial of payment for new Medicare and Medicaid admissions from December 5, 2024, did not go into effect. Health Plans shall pay for new Medicaid admissions to Hale Makua – Kahului.

Should you have any questions, please contact Megan Hironaka at [mhironaka@dhs.hawaii.gov](mailto:mhironaka@dhs.hawaii.gov).

Attachment: CMS Notice, CMS Certification Number (CCN): 125007, dated December 30, 2024

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Clinical Standards and Quality  
Survey & Operations Group  
Division of San Francisco/Seattle Survey & Enforcement  
San Francisco and Seattle Survey Enforcement Branch  
90 7th Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707



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**THIS SERVES AS OFFICIAL NOTICE SENT ELECTRONICALLY PURSUANT TO 42  
C.F.R. Part 488. NO HARD COPY TO FOLLOW**

**Sent via E-MAIL to:** Teana.Kahoohanohano@halemakua.org

December 30, 2024

CMS Certification Number (CCN): 125007

Administrator  
Hale Makua - Kahului  
472 Kaulana Street  
Kahului, HI 96732

Dear Administrator:

**SUBJECT: SUBSTANTIAL COMPLIANCE/DISPOSITION OF REMEDIES  
Cycle Start Date: October 18, 2024**

**PRIOR NOTICE**

On November 20, 2024, we informed you that we were imposing remedies due to the failure of your facility to be in substantial compliance with the applicable Federal requirements for nursing homes participating in the Medicare and Medicaid programs.

**SUBSEQUENT VISITS AND SUMMARY OF ENFORCEMENT REMEDIES**

The Hawaii Dept. Of Health, Office Of Health Care Assurance conducted a revisit and found your facility to be in substantial compliance with the participation requirements effective November 20, 2024. As a result, the final status of remedies is as follows:

- Federal Civil Money Penalty (CMP) was imposed, see below.
- Denial of Payment for New Admissions did not go into effect.
- Mandatory Termination will not be imposed.

**CIVIL MONEY PENALTY**

As we informed you on November 20, 2024, a CMP was imposed against your facility for failure to comply with the Federal requirements. This action was taken pursuant to the authority contained in §§ 1819(h) and 1919(h) of the Social Security Act and Federal regulations at 42 C.F.R. § 488.430.

- Federal Civil Money Penalty of \$3,035.00 per day for the thirty-six (36) days beginning October 15, 2024, and continuing through November 19, 2024, for a total of \$109,260.00.

The total CMP imposed is: \$109,260.00.

This total does not reflect a thirty-five percent (35%) reduction in the amount of the CMP since you have not waived your right to a hearing on the noncompliance, as specified at 42 C.F.R. § 488.436. The facility still has time to waive its right to appeal.

**CMP REDUCTION IF NO APPEAL IS FILED**

If CMS does not receive a request for a hearing from a facility, the facility will be deemed to have waived its right to a hearing 60 days from the date of this notice. CMS will then reduce the CMP by 35%.

**CMP Payment:** Please do not send payment at this time. To ensure proper crediting of your payment, after the time to request a hearing has passed, you will receive a notice that includes the CMP case number and your CMS Certification Number (CCN) with payment instructions.

**NURSE AIDE TRAINING PROHIBITION (NATCEP)**

In our formal notice dated November 20, 2024, we advised you that, in accordance with § 1819(f)(2)(B)(iii)(I)(b) of the Social Security Act, your facility would be prohibited from conducting a Nurse Aide Training and/or Competency Evaluation Program for two years if the denial of payment remedy went into effect.

Since your facility attained substantial compliance on November 20, 2024, the original triggering remedy did not go into effect. Therefore, the NATCEP prohibition is rescinded.

**APPEAL RIGHTS**

If you disagree with the findings of compliance, you or your legal representative may request a hearing before an administrative law judge of the U.S. Department of Health and Human Services, Departmental Appeals Board (DAB). The appeal rights are set forth at 42 C.F.R. § 498.5 and the procedures for requesting a hearing are set forth at 42 C.F.R. § 498.40, et seq. You must file your hearing request electronically by using the DAB's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov/>, unless you obtain a waiver from the DAB (*see* DAB Civil Remedies Division Procedures, § 6(a)(i)(1)). Your appeal must be filed no later than 60 days from the date of receipt of this letter.

If you elect to dispute deficiencies through the Informal Dispute Resolution (IDR) process (see the state letter accompanying the CMS Form-2567 for additional details and deadlines), this will not extend the 60-day period to file your appeal before the Departmental Appeals Board. Filing an appeal will not stop the imposition of any enforcement remedy.

If you experience problems with, or have questions about DAB E-File, please contact E-File System Support at [OSDABImmediateOffice@hhs.gov](mailto:OSDABImmediateOffice@hhs.gov). If you have questions about using the DAB E-file System, please visit: [https://dab.efile.hhs.gov/appeals/to\\_crd\\_instructions?locale=en](https://dab.efile.hhs.gov/appeals/to_crd_instructions?locale=en).

**CONTACT INFORMATION**

If you have any questions, please contact me at [Manuel.Bravo@cms.hhs.gov](mailto:Manuel.Bravo@cms.hhs.gov).

Sincerely,

*s/Manuel Bravo*

Manuel Bravo  
Long Term Care Enforcement Branch  
San Francisco and Seattle Survey & Enforcement  
Division

Copies via e-mail to:  
State Survey Agency  
State Medicaid Agency