

**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 VIA ELECTRONICALLY PURSUANT TO  
42 CFR Part 488. NO HARD COPY TO FOLLOW**

**Sent via E-MAIL to:** lsegawa@hhsc.org; ctennberg@hhsc.org

January 28, 2025

CMS Certification Number (CCN): 125029

Administrator  
Samuel Mahelona Memorial Hospital  
4800 Kawaihau Road  
Kapaa, HI 96746

Dear Administrator:

**SUBJECT: FEDERAL MONITORING SURVEY RESULTS AND  
NOTICE OF IMPOSITION OF REMEDIES  
Cycle Start Date: January 17, 2025**

**FEDERAL MONITORING SURVEY**

On January 17, 2025, a Health Comparative Federal Monitoring Survey (FMS) was completed at Samuel Mahelona Memorial Hospital by the Centers for Medicare & Medicaid Services (CMS) to determine if your facility was in compliance with the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. Your facility was not in substantial compliance, with the most serious deficiencies at Scope and Severity (S/S) level E, cited on January 17, 2025 as follows:

- F0656 -- S/S: E -- 483.21(b)(1)(3) -- Develop/implement Comprehensive Care Plan
- F0880 -- S/S: E -- 483.80(a)(1)(2)(4)(e)(f) -- Infection Prevention & Control.

The findings from the FMS dated January 17, 2025 are enclosed with this letter on form CMS-2567. Also enclosed is a list of the "resident identifiers" used in writing the Statement of Deficiencies. The "resident identifiers" will enable you to identify any specific residents referred to in the CMS-2567.

**PLAN OF CORRECTION**

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (POC) for the enclosed deficiencies cited at the FMS. An acceptable POC will serve as your allegation of compliance. Upon receipt of an acceptable POC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable

POC can lead to termination of your Medicare and Medicaid participation.

To be acceptable, a provider's POC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice;
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur;
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; and
- The date that each deficiency will be corrected.

**The POC must be signed and dated by an official facility representative. Please send your POC email to the following: [Letisha.Secret@cms.hhs.gov](mailto:Letisha.Secret@cms.hhs.gov); [Terry.Aoki@cms.hhs.gov](mailto:Terry.Aoki@cms.hhs.gov); [Pinky, Suriben@cms.hhs.gov](mailto:Pinky.Suriben@cms.hhs.gov) and [Mary.Lee@cms.hhs.gov](mailto:Mary.Lee@cms.hhs.gov)**

Please note, if you choose to email the POC, you must not include any resident personal identifiable information (PII) or personal health information (PHI). Such information may be sent by fax.

#### **SUMMARY OF ENFORCEMENT REMEDIES**

As a result of the survey findings, we are notifying you of the imposition of the following remedies, as well as your appeal rights:

- **Mandatory Denial of Payment for New Admissions effective April 17, 2025**

#### **DENIAL OF PAYMENT FOR NEW ADMISSIONS**

If your facility has not achieved substantial compliance by **April 17, 2025**, payment will be denied for all NEW Medicare and Medicaid admissions, in accordance with the statutory provisions at §1819(h)(2)(D) and §1919(h)(2)(C) and Federal regulations at 42 CFR §488.417. Your Medicare Administrative Contractor will be notified of the date the denial of payment begins.

Denial of payment for new Medicare and Medicaid admissions will continue until the day before your facility achieves substantial compliance or your provider agreement is terminated. Facilities are prohibited from billing Medicare/Medicaid residents or their responsible parties during the denial period for services normally billed to Medicare or Medicaid.

Note: Consistent with 42 C.F.R. § 488.452(a)(3), this notice specifically supersedes any notice sent by the SSA reflecting a different denial of payment effective date and imposes the denial of payment for all new Medicare and Medicaid admissions pursuant to 42 C.F.R. § 488.417(b) effective **April 17, 2025**.

#### **INFORMAL DISPUTE RESOLUTION (IDR)**

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an Informal Dispute Resolution process. To be given such an opportunity, you are required to send a written request, along with the specific deficiencies being disputed to: [Letisha.Secret@cms.hhs.gov](mailto:Letisha.Secret@cms.hhs.gov) and [Mary.Lee@cms.hhs.gov](mailto:Mary.Lee@cms.hhs.gov). This request must be sent during the same time frame you have for submitting the PoC for the cited deficiencies. An incomplete Informal Dispute Resolution process will

not delay the effective date of any enforcement action.

Informal Dispute Resolution is in no way to be construed as a formal evidentiary hearing. It is an informal internal process to review additional information submitted by the facility. You will be advised of our decision relative to the informal dispute.

### **TERMINATION PROVISION**

Unless your facility achieves substantial compliance before **July 17, 2025**, CMS will terminate your facility's Medicare and Medicaid provider agreements in accordance with the Social Security Act 1819(h)(2)(A) and 1919(h)(3) and 42 CFR §488.410.

CMS will publish notice of this termination on the CMS website, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html>. CMS will notify the appropriate State officials concerning the impending termination of your provider agreements.

Medicare regulation 42 CFR §489.57 requires that when a provider agreement is terminated by CMS, a new agreement will not be accepted until it has been determined that the reason for termination of the agreement has been removed and there is reasonable assurance that it will not recur. The terminated facility will have to operate for a period of time determined by CMS, during which the reasonable assurance requirement has been satisfied. During this period the facility must fulfill, or make satisfactory arrangements to fulfill, all of the statutory and regulatory responsibilities of the previous agreement.

### **NURSE AIDE TRAINING PROHIBITION (NATCEP)**

Federal law, as specified in the Social Security Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$12,924.00; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by April 17, 2025, the remedy of denial of payment for new admissions would go into effect and this provision will apply to your facility. Therefore, Samuel Mahelona Memorial Hospital would be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 17, 2025.

You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition remains in effect for the specified period even though selected remedies may be rescinded at a later date if your facility attains substantial compliance. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

### **APPEAL RIGHTS**

If you disagree with the determination to impose remedies made on the basis of noncompliance identified in this notice, 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 §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 regarding this notice, please contact Mary Lee at [Mary.Lee@cms.hhs.gov](mailto:Mary.Lee@cms.hhs.gov). Should you have any questions regarding the survey, please contact [Terry.Aoki@cms.hhs.gov](mailto:Terry.Aoki@cms.hhs.gov).

Sincerely,

*Mary Lee*

Mary Lee  
Health Insurance Specialist  
Long Term Care Enforcement Branch  
San Francisco and Seattle Survey & Enforcement Division

Enclosures: Statement of Deficiencies (CMS-2567)  
Resident Identifier

Copies via e-mail to:

State Survey Agency  
State Medicaid Agency