

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/02/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on resident interview and review of policy, the facility failed to treat residents with dignity and respect for one of three residents (Resident (R) 150) reviewed for dignity. As a result of this deficiency, R150 was not promoted the right to the maintenance or enhancement of her quality of life. Findings Include: During resident interview on 01/07/26 at 10:11 AM, R150 relayed the following concerns: Staff took a long time to answer the call light (up to 30 minutes), would say they would be back and never return or would say just go in your pad; referring to urinating in incontinence underwear. R150 felt ignored and not treated with dignity because of this. Review of facility policy on call light use read: Purpose, to respond promptly to resident's call for assistance. Procedure, all facility personnel must be aware of call lights at all times, answer all call lights promptly whether or not you are assigned to the resident. Answer call lights in a prompt, calm, courteous manner, turn off the call light as soon as you enter the room, if you cannot provide the service, go get someone who can, do not leave the light on and walk away. Never make the guest/resident feel you are too busy to give assistance, offer further assistance before you leave the room.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to develop a comprehensive care plan addressing the presence of a pacemaker for one of one resident (Resident (R) 10) reviewed with a pacemaker. This puts R10 at risk of cardiac complications due to lack of individualize care planning related to the pacemaker. Findings Include: On 01/07/26 at 09:10 AM, an interview with Family Member (FM) 2 and FM3 was conducted. FM2 reported R10 underwent surgery in December for pacemaker generator replacement. Review of R10's Electronic Health Record (EHR) revealed that R10 was admitted to the facility on [DATE] with a cardiac pacemaker in place. Documented diagnoses included, but not limited to, Parkinson's disease without dyskinesia and atherosclerotic heart disease of native coronary artery without angina pectoris (plaque buildup in the heart's arteries without chest pain). Review of R10's cardiologist consultation form dated 11/12/25 indicated that R10 carried a diagnosis of Sick Sinus Syndrome (a heart rhythm disorder). The consultation documented that R10 was scheduled for a dual chamber pacemaker generator replacement on 12/10/25. Pre- and post-operative instructions included refraining from eating or drinking eight hours prior to the procedure, medication administration instructions, maintaining the surgical bandage and keeping it dry until the one-week follow-up visit, and use of the pacemaker home communicator/monitor. Further review of a cardiology follow-up consultation dated on 12/17/25 documented an estimated pacemaker battery life of eight years and noted that R10 was cleared to get the incision site wet and resume normal arm movement. Review of R10's comprehensive care plan revealed that the presence of the pacemaker and related care considerations were not included in the care plan. On 01/08/26 at 12:58 PM, an interview was conducted with Nursing Supervisor (NS) 287 and Registered Nurse (RN) 173. RN173 stated R10 has a pacemaker and recently underwent a surgical procedure to replace the generator. RN173 further stated that nursing staff are to monitor the incision and confirmed R10 has a machine that came with him post-operative to monitor his pacemaker, and they are to ensure it is on (the light is green). NS287 confirmed that R10's care plan did not include documentation regarding the presence of the pacemaker or the related care and monitoring and should be in there. NS287 later stated she would like to add a care plan regarding R10's pacemaker.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interviews and record review, the facility failed to revise the comprehensive care plan for one of four residents (Resident (R) 10) reviewed for range of motion (ROM). R10's restorative nursing program (RNP) care plan was not revised following a pacemaker surgery that resulted in suspension of restorative services. This failure placed R10 at risk for not achieving preventative goals including maintaining strength, balance, and transfer ability, and for experiencing complication related to immobility. Findings Include: Cross Reference to F684, Quality of Care. The facility failed to communicate R10's post-operation status within departments to ensure R10 received continuous treatment and care, as soon as practicable. R10's RNP was not followed up on after the facility received documentation from the cardiologist indicating that R10 could resume normal arm movement. On 01/07/26 at 09:10 AM, an interview with Family Member (FM) 2 and FM3 was conducted. FM2 reported R10 underwent surgery in December for pacemaker generator replacement and that the facility had suspended R10's RNP services. FM2 stated that during R10's post-procedure cardiology follow-up on 12/17/25, the cardiologist cleared R10 to resume exercises. FM2 stated he followed up with a staff member yesterday and was awaiting a response. Review of R10's cardiology follow-up consultation dated 12/17/25 documented that R10 was cleared to get the incision site wet and to resume normal arm movement. The consultation form was signed by the facility receiving nurse on 12/17/25 and by the attending physician on 12/18/25. On 01/08/26 at 12:53 PM, an interview was conducted with Restorative Nursing Aide (RNA) 67, RNA154, and RNA274. The RNAs confirmed R10 previously received RNP services, which were discontinued following his pacemaker generator replacement on 12/10/25. The RNAs stated they are waiting for physician clearance and a rehabilitation therapist assessment for R10 to resume services. The RNAs reported that once a resident is cleared to resume exercises, the nursing supervisor is responsible for submitting a referral to therapy for reassessment. The RNAs stated they had not received any information regarding whether R10 would be returning to RNP services. Review of R10's comprehensive care plan documented that R10 was at risk of decreased strength balance and ability to transfer. The care plan goals included improving strength and balance to stand and transfer by participating in RNP services six times per week and remaining free from complication related to immobility, including contractures, thrombus formation, skin-breakdown, fall related to injury. On 01/08/26 at 12:58 PM, an interview was conducted with Nursing Supervisor (NS) 287. RS287 stated she was not familiar with R10's RNP status. RS287 confirmed R10 was cleared by the cardiologist for normal arm movement on 12/17/25. RS287 was not able to find documentation that therapy had been notified by nursing of R10's clearance to discuss resuming RNP services. NS287 confirmed that R10's care plan was not updated to reflect the suspension of RNP services or to include steps required to resume those services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interviews and record review, the facility failed to communicate a resident's post-operation status within departments to ensure resident received continuous treatment and care, as soon as practicable, for one of four residents (Resident (R) 10) reviewed for range of motion (ROM). Specifically, R10's restorative nursing program (RNP) was not followed up on after the facility received documentation from the cardiologist indicating that R10 could resume normal arm movement. This failure placed R10 at risk for not achieving preventative goals including maintaining strength, balance, and transfer ability, and for experiencing complication related to immobility. Findings Include: On 01/07/26 at 09:10 AM, an interview with Family Member (FM) 2 and FM3 was conducted. FM2 reported R10 underwent surgery in December for pacemaker generator replacement and that the facility had suspended R10's RNP services. FM2 stated that during R10's post-procedure cardiology follow-up on 12/17/25, the cardiologist cleared R10 to resume exercises. FM2 stated he followed up with a staff member yesterday and was awaiting a response. Review of R10's cardiology consultation dated 11/12/25 documented a diagnosis of Sick Sinus Syndrome (a heart rhythm disorder). The consultation documented that R10 was scheduled for a dual chamber pacemaker generator replacement on 12/10/25. Review of R10's cardiology follow-up consultation dated 12/17/25 documented that R10 was cleared to get the incision site wet and to resume normal arm movement. The consultation form was signed by the facility receiving nurse on 12/17/25 and by the attending physician on 12/18/25. On 01/08/26 at 12:53 PM, an interview was conducted with Restorative Nursing Aide (RNA) 67, RNA154, and RNA274. The RNAs confirmed R10 previously received RNP services, which were discontinued following his pacemaker generator replacement on 12/10/25. The RNAs stated they are waiting for physician clearance and a rehabilitation therapist assessment for R10 to resume services. The RNAs reported that once a resident is cleared to resume exercises, the nursing supervisor is responsible for submitting a referral to therapy for reassessment. The RNAs stated they had not received any information regarding whether R10 would be returning to RNP services. Review of R10's comprehensive care plan documented that R10 was at risk of decreased strength balance and ability to transfer. The care plan goals included improving strength and balance to stand and transfer by participating in RNP services six times per week and remaining free from complication related to immobility, including contractures, thrombus formation, skin-breakdown, fall related to injury. On 01/08/26 at 12:58 PM, an interview was conducted with Nursing Supervisor (NS) 287. RS287 stated she was not familiar with R10's RNP status. RS287 confirmed R10 was cleared by the cardiologist for normal arm movement on 12/17/25. RS287 was not able to find documentation that therapy had been notified by nursing of R10's clearance to discuss resuming RNP services and confirmed he has not had services since his surgery. NS287 reviewed R10's EHR and found no other documented reason for R10 not to resume RNP services. NS287 confirmed that follow-up should have occurred. On 01/08/26 at 02:47 PM, an interview was conducted with Director of Rehab (DOR). DOR stated if the physician cleared the resident to resume normal arm movement, then he should be able to restart RNP services. DOR further stated the rehabilitation department received a referral from nursing for R10's wheelchair only and completed an assessment of the wheelchair on 01/07/26, but not regarding RNP status. On 01/09/26 at 08:32 AM, an interview was conducted with Director of Nursing (DON). After review of the cardiology follow-up consultation dated 12/17/25, DON stated he would expect nursing staff to follow-up with the physician to confirm whether RNA services could resume. DON further stated he would have expected communication between nursing, therapy, and the RNP regarding recommendations for the resident's care. DON confirmed that this did not occur.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide treatment/services to maintain and/or prevent a decline in range of motion (ROM) for one of three residents (Resident (R) 160) sampled for limited ROM. This deficient practice puts the resident at risk for decline in ROM and further contractures. Findings Include: On 01/06/26 at 11:13 AM, observed R160 lying in bed, supine with head slightly elevated and both arms against his chest area. Both hands were also bent on the wrists and angled down towards his feet. No splints or braces were observed to both upper extremities. On 01/07/26 at 11:00 AM and 02:30 PM, R160 was observed lying in bed without any splints, braces or pads to his upper extremities. R160 was a [AGE] year-old resident admitted for long-term placement on 09/02/25. Diagnoses included, but not limited to, cerebral palsy (group of conditions that affect movement and posture) and cognitive communication deficit. R160 was admitted with contractures to both upper extremities. On 01/08/26 at 01:36 PM, a concurrent interview and record review was conducted with Nursing Supervisor (NS)95 in the nurses' station. Reviewed care plan in Electronic Health Record (EHR) dated 11/24/25. Interventions stated for . at risk for decreased of ROM . included, . apply both padded elbow extenders. Place pads between forearm and bicep, wear for 2-3 hours as tolerated . Asked NS95 if the staff documented the use of the pads and where to find it in the EHR. NS95 said the Certified Nursing Assistants (CNA) documented it in the EHR but was not able to find it. On 01/08/26 at 01:41 PM, concurrent observation and interview conducted with CNA35 in R160's room. R160 was in bed with eyes closed and was observed without any splints, braces or pads to his upper extremities. Asked CNA35 if they applied padded elbow extenders to both arms and placed pads between R160's forearm and bicep. CNA35 said they used to apply them prior to R160's hospitalization in December 2025. Asked CNA35 why R160 was not observed using the pads for the past three days. CNA35 stated that when R160 returned from the hospital on [DATE], he did not have the pads with him and may have been left at the hospital. On 01/08/26 at 01:43 PM, NS95 stated in an interview that the staff should have notified her that R160 returned from the hospital without the pads used on his upper extremities since he was very contracted. On 01/09/26 at 09:55 PM, an interview was conducted with the Director of Nursing (DON) in his office. The DON confirmed that the staff were to apply the padded elbow extenders as stated in the care plan to prevent further decrease in ROM for R160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure adequate supervision and/or measures were in place to prevent accidents for one of one resident (Resident (R) 172) reviewed for elopement risk. As a result of this failure, R172 was able to elope from the facility without staff knowledge and arrived at a family member's home with assistance from another resident's visitor. Findings Include: R172 was admitted to the facility on [DATE] with diagnoses including, but not limited to, dementia, osteoarthritis of the right and left shoulders, spinal stenosis in lumbar region without neurogenic claudication, pain in the right and left feet, unsteadiness on feet, and a history of falls. Review of R172's quarterly Minimum Data Set (MDS), Assessment Reference Date (ARD) 09/12/25, revealed in Section GG (Functional Abilities and Goals) that the resident used a wheelchair for mobility and had impairment of one lower extremity. In Section E (Behavior), the resident was documented to wander, with the behavior occurring 1 to 3 days during the assessment period. No other behavioral symptoms were noted. Additionally, the MDS documented the wandering behavior as worse compared to prior assessments. Review of the initial facility reported incident (Intake #2687314), received on 12/06/25, documented on 12/06/25 at approximately 03:46 PM, R172 left the facility and went to a family member's house located in front of the facility with assistance. The incident report documented someone opened the door for her and took her to the house. Facility staff became aware of the incident when R172's son notified staff that the resident was at the family member's home. Review of a nursing note documented on 12/06/25, at approximately 03:56 PM staff were notified by resident's son that R172 was in their driveway. The notes further documented that the door alarm sounded when the licensed nurse wheeled the resident back into the facility (indicating R172's wander management bracelet was working properly). When asked what happened, R172 verbalized in her native language, someone held the door open for me and assisted me back home. On 01/08/26 at 09:03 AM, an interview, concurrent observation, and record review were conducted with Director of Maintenance (DOM) and Maintenance Supervisor (MS) regarding the facility's wander management system and the door alarms. DOM reported that only a limited number of residents (fewer than ten) wear wander management bracelets that activate the system near facility exits. Concurrent observation of exit doors equipped with the wander management system revealed a green indicator light on top of the doors that changed red as the bracelet approached the doors. DOM demonstrated that when a resident wearing a bracelet approaches an exit, the door automatically locks, but no alarm will sound. An alarm sounds only if the resident attempts to open the door, and the door will open after approximately 15 seconds of continued pressure. During, observation, DOM pushed the door for approximately 15 seconds and exited the facility, at which time the alarm increased in frequency and volume. DOM further explained that if doors were ajar and unable to lock, an alarm will sound upon exit. The alarms would only shut off when a staff member enters a code. Concurrent review of the facility's monitoring log for operation of door monitors and wander management system showed routine weekly checks with no identified issues prior to the incident including checks completed prior to the incident on 12/02/25 and post-incident on 12/09/25. Review of R172's nursing tasks documented R172 had her bracelet with her and was functioning on 12/06/25. On 01/09/26 at 09:01 AM, an interview was conducted with Director of Nursing (DON) and Administrator. DON and Administrator reported that during their investigation they learned that a visitor of another resident had been talking with R172, who requested assistance getting to her home. The visitor was unaware of facility protocols for residents leaving the building and did not notify staff. The visitor assisted R172 and walked her to her family member's home located next to the facility's entrance driveway. Administrator confirmed that staff were unaware R172 was missing until her son called the facility. When asked how R172 was able to leave the facility without staff (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/02/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	intervention, the Administrator reported that a staff member heard the door alarm, did not observe any residents in the immediate vicinity, and shut the alarm off. When further asked whether staff were required to immediately check all residents wearing wander management bracelets after hearing an alarm without identify a resident nearby, DON stated that such check were not part of the facility's protocol. DON further stated that the facility only initiates a search once a resident is identified as missing and acknowledged this may need to be addressed moving forward. Review of the facility's Elopement policy and procedure, effective 10/01/24, revealed that the outlined procedures are implemented only after it has been established that a resident is missing. The policy does not include procedures for staff response when the wandering management system alarm is activated, and staff are initially unable to identify a missing resident nor does it include a process to ensure residents wearing wander management bracelets are immediately accounted for.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observations, interviews, and record review, the facility failed to provide care and services to prevent dehydration for one of three residents (Resident (R) 5) sampled for hydration, despite identifying the resident as at risk for compromised nutrition and hydration. This deficient practice puts R5 at risk of complications due to dehydration. Findings Include: On 01/06/26 at 10:14 AM, concurrent observation and interview with R5 at bedside. Resident was seen sitting in his wheelchair at bedside. No water container observed on the bedside table. When R5 was asked if he feels thirsty or mouth feels dry, he replied Yes. On 01/07/26 and 01/08/26 observation was done with R5 at bedside. No water container observed at bedside. On 01/08/26 at 02:51 PM, an interview was conducted with Nurse Supervisor NS (266). When asked if R5 was on any fluid restriction, she replied No he is not. And when NS266 was asked if resident should have water pitcher at bedside, she stated yes, let me ask one of my staff to give him a water pitcher. NS266 also explained that R5 is at risk for dehydration. Observed staff grabbing water container, filled with ice and water and give it to R5. On 01/09/2026 at 10:30 AM, an interview was conducted with NS266 at the nurse's station. When asked to clarify if R5 should have been offered fluids and maintained at more than 2000 milliliters (ml) fluid daily, she confirmed that R5 should have been adequately hydrated and monitored to have at least 2000 ml of fluid daily. RN266 also explained that she educated the staff to ensure they included it in their daily tasks to monitor resident's fluid intake and to ensure they fill his water container with water and leave it at resident's bedside. On 01/09/26, review of R5's Electronic Health Record (EHR) found his diagnoses included, but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side; Hypertensive heart disease with heart failure; dysphagia following cerebral infarction; and dehydration. Review of R5's physician orders included fluid daily goal of 2000 ml with an ordered date of 01/06/26 and for staff to check skin weekly. R5's Treatment Administration Record (TAR) for January 2026 indicated less than 2000 ml of fluids were not met daily as prescribed. Review of skin assessment done by staff using NSG: Skin Check indicated, .1. Skin Condition b. Dry. 2. Skin turgor: b. Poor Elasticity (less than 3 second recoil). R5's care plan detail with a review start date of 05/13/25, noted . resident is at risk for dehydration related to fluid intake less than desired . enjoys coffee, ice water, apple juice. Review of R5's most current Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/22/25, Section GG. Functional Abilities, .Self-Care. A. Eating: The ability to use suitable utensils. liquid to the mouth and swallow food and/or liquid. Setup or clean-up assistance. The facility's policy and procedure titled, Hydration, with an effective date of 10/30/24, reviewed on 01/09/26, stated that, . The facility will have available at all times a variety of beverages to accommodate residents' preferences and dietary needs.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure pain management was provided to one of three residents in the sample. The facility failed to monitor and assess pain level with (Resident (R) 56) every shift. This deficient practice may put R56 at high risk for having pain that may affect function, impair mobility, impair mood, or disturb sleep, and diminish quality of life. Findings Include:R56 was re-admitted to the facility on [DATE], with an initial admission date on 05/25/21. R56 diagnoses included, but not limited to, Parkinson's disease with dyskinesia, with fluctuations; Vitamin D deficiency; hyperlipidemia, unspecified, hypocalcemia; unspecified right bundle branch block; essential tremor; gout, unspecified; bilateral primary osteoarthritis of hip; bilateral osteoarthritis of knee; abnormal posture; and pain, unspecified. Review of the physician's order includes Hydrocodone-Acetaminophen Oral Tablet 5-325 milligrams (mg) to be given by mouth three times a day related to pain, hold to respiratory rate less than 14, order date of 11/16/25. Another order for Acetaminophen 650 mg, oral tablet to be given by mouth every four hours as needed for mild to moderate pain, do not exceed three grams for 24 hours. An order to monitor pain every shift was also ordered on 11/17/25. The staff assessment for pain was conducted, indicators of pain include non-verbal sounds, vocal complaints, and facial expressions.Furthermore, a review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR), R56 received Acetaminophen Oral 650 mg on 12/16/25, with pain level at 0 per staff assessment. Further review of TAR for December 2025, there were missing pain level assessments done for December 17, 20, 22, 23, 24, 28, and 29, 2025, night shift. Also missing pain level assessments for January 2, 3, 6, 7, and 8, 2026, night shift. On 01/09/26, at 09:55 AM, concurrent interview and record review of the resident's record was done with Nursing Supervisor (NS) 266 confirmed the facility did not do pain assessments on R56's pain. Inquired with NS266 regarding the administration of the pain medication on MAR and pain level assessments every shift, NS266 reviewed the MAR and TAR, and she confirmed that facility did not have documentation of the pain level assessment every shift and Acetaminophen was given even with zero pain level on 12/16/25. NS266 also reported nursing staff should document in the progress notes if the pain subsided and if not, they are to call the physician. Inquired whether the facility's system for monitoring R56's pain was effective. NS266 did not confirm effective management of the resident's pain. Review of the facility's policy and procedure on 01/09/26, titled Pain Management Program stated, . The patient/resident is evaluated for pain.during periodic scheduled assessment.and whenever a change occurs in their condition .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews and record review, the facility failed to discard expired medications and intravenous solution stored in three of five medication rooms observed. Proper storage of medications is necessary to promote safe administration practices and decrease the risk for medication errors. This deficient practice has the potential to affect all residents in the facility who take medications and receive intravenous solutions. Findings Include: 1) On 01/08/26 at 07:15 AM, the Ilima unit medication room was inspected. In the medication refrigerator, a clear plastic storage bag containing medication vials for Resident (R) 89 was checked. The medication label on the storage bag documented four vials of Lorazepam 2 milligram/milliliter (mg/ml) received on 06/10/25. The storage bag contained three vials (which matched the narcotic log sheet in place for this ordered and current medication), two of the three vials had an expired date of 10/2025 printed on the label. The two vials were shown to Registered Nurse (RN) 266, who confirmed that they were expired and should have been discarded. 2) On 01/08/26 at 08:02 AM, the Gardenia unit medication room was inspected with the Assistant Director of Nursing (ADON). During observation of the medication refrigerator in the room, four expired Humulin N 100u (100 units of insulin per ml) insulin pens. ADON stated the observed insulin pens were a stock supply for emergency use. Three of the pens had an expired date of 05/28/25, and one pen had an expired date of 10/10/25. The expiration dates were confirmed with ADON who stated that the expired insulin pens should have been discarded and replaced. 3) On 01/08/26 at 07:56 AM, inspection of [NAME] unit medication storage room was conducted with Nursing Supervisor (NS) 95. Observed two 1000 ml and one 500 ml bags of intravenous (IV) fluid solutions in the medication storage room. The expiration dates for all three bags were November 2025. NS95 acknowledged that the three IV bags were past their stated expiration dates and stated they should have been discarded. Asked NS95 if there were any residents in the unit currently on IV medications of IV fluids. NS95 said they had one resident that was recently receiving IV medications. Asked NS95 how often the staff check the medication room for expired medications. NS95 said the night shift nurse checks the room once a week. Review of facility policy titled Disposal of Medications, Syringes and Needles dated January 2024 stated, . Outdated medications, contaminated or deteriorated medications, and the contents of containers with no label shall be destroyed .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interview, and record review, the facility failed to ensure appropriate protective and preventive measure for infections as evidenced by the failure to label and store nebulizer equipment for one of two residents (Resident (R) 78) reviewed for infection prevention related to respiratory. As a result of this deficient practice, the facility put the resident at increased risk for infections. Findings Include: On 01/06/26 at 11:04 AM, observed R78's undated and uncovered nebulizer mask with medication chamber and tubing connected to the nebulizer machine placed on R78's nightstand. On 01/07/26 at 07:52 AM, observed R78's uncovered mask with medication chamber and tubing connected to the nebulizer machine and wedged between the nebulizer machine and box of personal belongings on R78's nightstand. On 01/08/26 at 08:29 AM, observed R78's uncovered nebulizer mask with medication chamber and tubing connected to the nebulizer machine with the tubing and mask placed over the nebulizer machine. On 01/09/26 at 08:30 AM, a review of the physician orders for R78 noted a current order that stated, Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 1 vial inhale orally three times a day for cough until 01/13/2026. On 01/09/26 at 08:40 AM interviewed the Assistant Director of Nursing (ADON) in her office who stated that after a nebulizer treatment is given, the mask should be washed with soap and water, air dried, and then stored in a clean, labeled storage bag. A facility policy titled, Medication Administration Nebulizers (Updraft) dated 01/23 stated, 19. When treatment is complete. disconnect. 21. Rinse and disinfect the nebulizer equipment. 23. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it.		