

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2026
NAME OF PROVIDER OR SUPPLIER Maluhia		STREET ADDRESS, CITY, STATE, ZIP CODE 1027 Hala Drive Honolulu, HI 96817	
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 - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure safe handling and modified dressing protocols were used to protect one resident (R) 6, who had severe bilateral upper extremity (BUE) contractures and was totally dependent on staff for care. As result of this deficient practice, R6 suffered harm, a dislocated left shoulder. This was a facility reported event (FRI) #2745775, which the facility identified the noncompliance and conducted a Root Cause Analysis (RCA) and implemented a comprehensive corrective action plan that was fully verified as corrected on 07/17/2026, therefore, past noncompliance was determined. Findings Include: R6 is a [AGE] year-old male that has severe cognitive impairment and was totally dependent on staff for dressing, bed mobility, transfers, and had limited range of motion (ROM) due to severe BUE contractures and paralysis of his dominant left side from a stroke. At baseline he is unable to communicate. Final Event report dated 02/17/26 indicated On 02/12/26, observed by physical therapist (PT) prior to doing ROM that resident's left shoulder is not in alignment. X-rays were taken on 02/13/26 showed that R6 had a left anterior shoulder dislocation and an anterior humeral head dislocation. R6 was transferred to acute care for management and had a closed reduction (nonsurgical procedure used to realign dislocated joints without an incision). Review of the resident's care plan (CP), prior to the incident revealed a lack of specific, modified handling and dressing instructions specifically to protect his severe UE contractures during activities of daily living (ADL) care. The facility corrected the noncompliance prior to the start of the survey by implementing the following measures: 1) Root Cause Analysis (RCA, a structured process to uncover why issues arise by systematically evaluating contributing factors) was conducted on 02/24/26 by Compliance/Risk and Quality. The RCA focused on the high risk of injury when performing daily ADL care, including dressing, transferring, and performing passive ROM on residents with severe BUE contractures. 2) The facility action plan included: Implementation of adaptive shirts for R6 that fully open in the back to eliminate the need to forcefully extend or pull contracted or weak UEs during dressing. The facility purchased a Turn and Position System (TAPS) that helps staff to turn and position patients safely. 3) Education and Training: Training completed on passive ROM care, safe dressing protocols, safe handling repositioning, mechanical lift transfers, weekly skin assessment and the use of the new TAPS device. 4) CP revised on 05/17/26 to include Occupational Therapist (OT) to provide Inservice on proper dressing of upper body, positioning and transfers, and support & refrain from pulling/pushing of my left shoulder and my upper back. Continue passive, gently move me when doing care with at least 2 persons assist. On 05/20/26 the CP was revised to include I use the air tap for turning and positioning. Use appropriate sling size during transfers and shower me using shower gurney/bed. 5) Quality Monitoring: The facility implemented audits of weekly skin assessments, monitoring of CNA (Certified Nurse Aide) concerns regarding barriers to performing care and notifying licensed staff, using stop and alert, if Resident is not at baseline.		

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
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