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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>125011  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>10/22/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hale Nani Rehabilitation and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1677 Pensacola Street<br>Honolulu, HI 96822 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43245</b></p> <p>Based on interview, and record review, although informed of an allegation of neglect, the facility failed to document the verbalized complaint as a grievance for 1 of 3 residents sampled (Resident 1). As a result of this deficient practice, Resident (R)1's right to have her grievance investigated, resolved, and be informed about the resolution were violated, and she was placed at risk for psychosocial harm and unmet medical and/or physical needs. This deficient practice has the potential to affect all residents with the functional capacity to file a grievance.</p> <p>Findings include:</p> <p>On 08/21/24 the State Agency (SA) received a facility-reported incident (FRI), ACTS#11153, documenting an allegation of staff-to-resident neglect of Resident (R)1. On 08/29/24 the SA received a complaint, ACTS #11168, about the same incident and how it was investigated. On 10/22/24, the SA entered the facility to investigate the allegations.</p> <p>R1 is a [AGE] year-old female admitted to the facility on [DATE] for short-term rehabilitation following a loss of consciousness and resulting fall. On 08/16/24 R1 reported to the Unit Manager (UM)1 that both a Certified Nurse Aide (CNA)1 and a Registered Nurse (RN)1 on the overnight shift had refused to change her adult incontinence brief when she asked. In addition, the complaint received by the SA detailed that R1 had overheard CNA1 telling other staff and R1's roommate that she was lying [asking to have her adult brief changed].</p> <p>On 10/22/24 at 09:51 AM, an interview was done with Social Worker (SW)1 in the Conference Room. SW1 stated that she shared the Grievance Officer (GO) role with the Administrator. During a concurrent review of the Grievance Log for the last 6 months, noted there was no grievance logged for R1. SW1 confirmed that although she was aware of the incident, she did not receive the grievance for R1, so she did not log it. When asked what the usual process was for grievances, SW1 stated that normally the GO receives the written complaint and conducts the investigation, but in this case, she was informed by the Administrator that the Assistant Director of Nursing (ADON) would be handling the grievance. SW1 confirmed that R1's Grievance did not follow the usual grievance process. SW1 also confirmed that she never saw R1's written grievance.</p> <p>(continued on next page)</p> |  |  |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE  |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID:<br><br>125011 | Facility ID:<br><br>125011<br><br>If continuation sheet<br>Page 1 of 3 |

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| <p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 10/22/24 at 11:23 AM, an interview was done with UM1 in the Conference Room. UM1 stated that on 08/16/24, she was doing a resident satisfaction survey at the start of her shift and had randomly selected R1. Described R1 as sad and a little tearful when she went in to speak with her. Stated that R1 told her about what had happened to her on the overnight shift, and she immediately began collecting more information from other staff. UM1 stated that she did report the incident that morning at the 09:00 AM Stand-Up meeting, verified that the off-going House Manager had written about it in her Shift Report later that day, and filled out a Grievance Form and turned it in to the Director of Nursing (DON) either later that same day or the next day. UM1 stated that when she first heard about it, she thought it was a customer service issue. Agrees that in hindsight it could have been looked at as neglect right from the beginning.</p> <p>During an interview with the Administrator on 10/22/24 at 12:37 AM in the Conference Room, the Administrator stated there was never a Grievance Form regarding the incident.</p> <p>A second interview was done with SW1 on 10/22/24 at 02:42 PM in the Conference Room. SW1 agreed that there should have been a Grievance Form filled out. SW1 stated that if R1 did not want to fill out a Grievance Form, a staff member should have completed and submitted it for her.</p> <p>A review of the facility policy and procedure on Resident Rights Grievances, last revised 03/2023, revealed the following:</p> <p>Any resident, his or her representative (sponsor), family member, or appointed advocate may file a grievance .</p> <p>Grievances may be submitted orally or in writing.</p> |  |  |

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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43245</b></p> <p>Based on record review and interview, the facility failed to implement their policy to screen potential employees for a history of abuse, neglect, exploitation, or misappropriation of resident property for 1 of 2 employees sampled.</p> <p>Findings include:</p> <p>On 08/21/24 the State Agency (SA) received a facility-reported incident (FRI), ACTS#11153, documenting an allegation of staff-to-resident neglect of Resident (R)1. On 08/29/24 the SA received a complaint, ACTS #11168, about the same incident and how it was investigated. On 10/22/24, the SA entered the facility to investigate the allegations.</p> <p>R1 is a [AGE] year-old female admitted to the facility on [DATE] for short-term rehabilitation following a loss of consciousness and resulting fall. On 08/16/24 R1 reported to the Unit Manager (UM)1 that both a Certified Nurse Aide (CNA)1 and a Registered Nurse (RN)1 on the overnight shift had refused to change her adult incontinence brief when she asked.</p> <p>A request of the facility's policy and procedures (P&amp;Ps) on abuse/neglect was done during the entrance interview on 10/22/24. The facility provided several policy and procedures for Freedom From Abuse, Neglect and Exploitation. The P&amp;P regarding Preventing and Prohibiting Abuse, last revised 03/2023, revealed the following:</p> <p>SCREENING . Facility will conduct a criminal background check on potential employees who have been deemed qualified for hire.</p> <p>Also requested during the entrance interview were the Personnel files for CNA1 and RN1. On 10/22/24 at 01:54 PM, the Administrator entered the Conference Room and stated that she was unable to locate and provide the requested Personnel files, specifically the criminal background checks for either staff member.</p> <p>On 10/24/24 the Administrator provided by e-mail the criminal background check for RN1. CNA1's criminal background check remains outstanding.</p> |  |  |