STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125020	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avalon Care Center - Honolulu, LLC	1930 Kamehameha IV Rd Honolulu, HI 96819

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 observation, interviews, and record review, the facility failed to implement the person-centered care plan for one of three residents (Resident (R)1) sampled for accidents. R1 did not receive the six-time-a-week active range of motion (AROM) exercises as noted in the care plan. This deficient practice has the potential to affect all residents requiring ROM exercises to maintain their strength and mobility.Findings Include:Cross reference to F688R1 was admitted to the facility on [DATE] with a diagnosis of but not limited to weakness, pain, and history of falling.05/21/26 at 10:00 AM, observed R1 sitting on her rollator in the activities room not participating in the balloon toss activity. When R1 was asked why she was not participating in the activity, R1 shook her head and motioned that she could not lift her arms. 05/21/26 at 10:30 AM, record review of R1's electronic health record (EHR) noted that she was a fall risk but also had mobility issues related to her weakness. Review of the care plan, which was initiated on 02/20/26 detailed that R1 was to have AROM Program-RNA (restorative nurse aide) to encourage ROM exercise to BUE (bilateral upper extremity) using 3 lbs (pounds) dowel weights for 10 reps x3 sets, 6x a week as tolerated. Review of R1's AROM Program activities from 02/20-05/20/26 found R1 had at the most four interventions in some weeks, with R1 refusing treatments, and not being offered the intervention. On 05/21/26 at 12:20 PM, interview with MDSC (Minimum Data Set Coordinator), who is also in charge of the RNA program confirmed R1's six-times-a-week frequency for AROM and acknowledge that R1 did not receive the frequency of AROM activities as noted in the plan of care. MDSC verbalized that providing AROM for residents is important to maintain their mobility. On 05/22/26 at 10:00 AM, a follow-up interview with MDSC also noted that they were not addressing R1's refusal and was leaving it to the nursing staff to take care of as the RNAs did not have the time due to being short of staff and being pulled to do other duties to encourage and educate R1. MDSC also confirmed that the R1's refusals should have been addressed and part of the care plan.05/22/26 at 11;00 AM, review of the facility's comprehensive care plan policy with date of 11/2017, it states in the policy section, the facility interdisciplinary team (IDT) will develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, physical, and psychosocial needs that are identified in the comprehensive assessment. In the Guidelines section, it reads 13. If a resident or resident representative refuses care or treatment deemed necessary by the facility, the facility will attempt to find an alternative to address the identified need. The medical record will reflect the facility's attempts and education provided to the resident and the representative. Review of the facility's Quality of Care Restorative Nursing Programs policy, with revised date of 06/2018, in the Purpose section, The facility provides services, care and equipment to assure that a resident maintains and/or improves his/her level of range of motion and mobility maintains or improve function unless it is unavoidable based on resident's clinical condition.On 05/22/26 at 01:00 PM, interview with the Director of Nursing (DON) confirmed that the AROM six-times-a-week should have been carried out as it is important to maintain the residents' strength and mobility. DON also acknowledged that R1's refusals should have been addressed and documented and care planned.

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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(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 observation, interviews, and record review, the facility failed to implement the active range of motion (AROM) exercises for one of three resident (Resident (R)1) sampled for accidents. R1 did not receive the six-time-a-week AROM exercises as noted in the care plan. This deficient practice has the potential to affect all residents requiring ROM exercises to maintain their strength and mobility.Findings Include:R1 was admitted to the facility on [DATE] with a diagnosis of but not limited to weakness, pain, and history of falling.05/21/26 at 10:00 AM, observed R1 sitting on her rollator in the activities room not participating in the balloon toss activity. When R1 was asked why she was not participating in the activity, R1 shook her head and motioned that she could not lift her arms. 05/21/26 at 10:30 AM, record review of R1's electronic health record (EHR) noted that she was a fall risk but also had mobility issues related to her weakness. Review of the care plan, which was initiated on 02/20/26 detailed that R1 was to have AROM Program-RNA (restorative nurse aide) to encourage ROM exercise to BUE (bilateral upper extremity) using 3 lbs (pounds)dowel weights for 10 reps x3 sets, 6x a week as tolerated. Review of R1's AROM Program activities noted the following:Week of 2/20/26-2/28/26, R1 had two AROM interventions, two days marked as RR (resident refused) and three days marked NA (not applicable)Week of 03/01/26-03/07/26, R1 did not have any AROM intervention, three days marked as RR, three days marked as NA, and Tuesday marked as X.Week of 03/08/26-03/14/26, R1 had one AROM intervention, three days marked as RR, one day marked as NA, Tuesday marked with an X, and one without any indicator.Week of 03/15/26-03/21/26, R1 had four AROM interventions, two days marked as NA, and Tuesday marked with an X.Week of 03/22/26-03/28/26, R1 had two AROM interventions, two days marked as RR, two days marked as NA, and Tuesday marked with an X.Week of 03/29/26-04/04/26, R1 did not have any AROM intervention, four days were marked as NA, two days marked as RR, and Tuesday marked with an X.Week of 04/05/26-04/11/26, R1 had three AROM interventions, two days marked as NA, one day marked as RR, and Tuesday marked with an X. Week of 04/12/26-04/18/26, R1 had two AROM interventions, three days marked as NA, one day marked as RR, and Tuesday marked with an X.Week of 04/19/26-04/25/26, R1 had two AROM interventions, three days marked as NA, one day marked as RR, and Tuesday marked with an X.Week of 04/26/26-05/02/26, R1 had two AROM interventions, three days marked with RR, one day without any indicator, and Tuesday marked with an X.Week of 05/03/26-05/09/26, R1 had two AROM interventions, one day marked as NA, three days marked as RR, and Tuesday marked with an X.Week of 05/10/26-05/16/26, R1 had three AROM interventions, one day marked as NA, two days marked as RR, and Tuesday marked with an X.On 05/21/26 at 12:20 PM, reviewed with MDSC (Minimum Data Set Coordinator), who is also in charge of the facility's Restorative Nursing Program, R1's AROM activity documentation and MDSC confirmed that R1 should have been getting six-times-a-week of AROM exercises as noted in the care plan. MDSC also noted that the RR meant R1 refused tx, NA meant not applicable, which she further denoted that it was not done. MDSC also explained that the X on the Tuesdays meant that they RNA's (Restorative Nurse Aides) do not perform the AROM duties on that day as they focus on getting the residents' weights. MDSC also stated that there should not be any blanks. When asked why there was so many NAs, MDSC explained that they try to staff the facility with two RNAs, but they are often pulled to do other duties when the facility is short of staff, thus they cannot complete all the residents' ROM activities. On 05/22/26 at 10:00 AM, a follow up interview with MDSC also confirmed that their process of addressing the residents' refusals is notifying the Charge Nurse or Unit Manager and they will be the one to assess why the resident is refusing and provide the needed education to the resident and family. When asked why the RNAs are not providing education and encouragement, MDSC stated that they do not have the time and are being pulled to do other duties.On 05/22/26 at 11:45 AM, interview (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with RNA1 confirmed that they are short of staff and will do what they can to provide the residents with ROM activities. RNA1 stated that they should have two RNAs daily, but most of the time there is only one as the other RNA will be pulled to do other duties. When asked if she was familiar with R1's AROM needs and why R1 kept refusing tx, RNA1 said it is mostly because R1 was tired and sleepy after breakfast and wanted to do the activity later in the day. RNA1 further stated that they should be going back to do the activity with R1, but they just do not have the time to circle back with each resident or provide the encouragement or re-education they need. RNA1 acknowledged that AROM activities are important to prevent contractures and maintain the resident's level of strength.On 05/21/26 at 01:00 PM, interview with the Director of Nursing (DON) confirmed that the RNA 6x a week should have been carried out as it is important for maintaining the residents' mobility. DON further stated that the resident refusals should have been addressed and education provided to R1 of the importance of AROM. DON also acknowledged that the RNAs should have revisited R1 and continued to offer the activity. 05/22/26 at 11;00 AM, review of the facility's Quality of Care Restorative Nursing Programs policy, with revised date of 06/2018, in the Purpose section, The facility provides services, care and equipment to assure that a resident maintains and/or improves his/her level of range of motion and mobility maintains or improve function unless it is unavoidable based on resident's clinical condition.