

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER Kauai Veterans Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4643 Waimea Canyon Drive Waimea, HI 96796	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record review, the facility failed to ensure safe storage of perishable foods. As a result of this deficient practice, all residents have to potential to be exposed to harmful food-borne illnesses. Findings Include: On 02/24/26 at 08:29 AM, conducted a concurrent initial observation of the facility's kitchen and interview with the Hospital Executive Chef (HEC). The walk-in pantry (dry storage room) there were two (2) plastic containers, one contained curly egg noodle and the second one had dried shiitake mushroom; both plastic containers did not have labels. HEC was queried if containers should be labeled, after the original food packages were opened and the contents of the packages transferred to the plastic containers. HEC confirmed both plastic containers should have been labelled with the date of expiry written and employee number of the staff that printed the label when the packages were initially opened. On 02/26/2026 at 11:22 AM, conducted a follow-up interview and observation with [NAME] (C) 4. Observed minced garlic inside a plastic container inside refrigerator without proper label affixed, including missing expiration date and staff employee number. Toasted bread stored inside a pan covered with clear plastic saran wrap in the refrigerator with no label including employee number and date. Cook4 stated that the containers should have the date of expiry written on the plastic containers and staff employee number once the package was opened. On 02/27/2026 at 9:30 AM, conducted an interview with Regional Director of Nutrition (RDN). Inquired with RDN if food transferred from the original packaging to a different container, should the container the food was transferred to be labeled with an expiration date and employee number, RDN confirmed it should have been labeled. Reviewed facility's policy and procedure titled, Food Preparation and Storage with an effective date of 05/17/24. The policy instructs staff to ensure, .Items will be labeled with the date and food service employee number.		

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: 125021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER Kauai Veterans Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4643 Waimea Canyon Drive Waimea, HI 96796	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation and interviews, the facility failed to protect the confidential health information for one (Resident (R) 6) of six residents sampled for medication administration. This deficient practice has the potential to negatively impact the psychosocial well-being of residents. Findings Include: On 02/26/26 at 07:44 AM, observed Registered Nurse (RN) 2 take medications from the medication cart (located in the hallway), enter into the activity room, and give medications to R6. Observed the laptop computer on top of the medication cart had been left open and unattended, displaying R6's confidential health information from the resident's Electronic Health Record (EHR). While RN2 was administering the medication, observed three (3) staff, including non-direct care (i.e. housekeeping), with the opportunity to view R6's confidential health information. After RN2 administered the medication to R6, he/she proceeded back to the medication cart and prepare the next resident's medications, then signed off (locking) the laptop computer before walking away from the medication cart. At 07:46 AM, RN2 returned to the medication cart. Inquired with RN2 if the laptop computer should be locked/signed out of prior to leaving the medication cart to protect the resident's confidential health information. RN2 confirmed the laptop computer should not have been left open to ensure the protection of the resident's confidential health information. On 02/27/26 at 08:54 AM, conducted an interview with the Director of Nursing (DON) in the conference room. Informed the DON of an observation of the laptop computer left open with the resident's confidential health information left unattended and open. DON confirmed the laptop should have been secured and the resident's confidential health information should be safeguarded and protected. Review of facility policy titled, Confidentiality/Privacy with an effective date of 02/10/26 stated, Confidentiality of the patient record shall be maintained at all times by keeping the record closed when not in use. ensure that no other individual can read the screen and log-off the computer when not in use.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER Kauai Veterans Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4643 Waimea Canyon Drive Waimea, HI 96796	
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 observation, interview, and record review, the facility failed to ensure safe storage of medications. During medication administration, the medication cart was observed to be unattended, unlocked, and accessible to unauthorized individual(s). Findings Include: On 02/26/26 at 07:41 AM to 08:17 AM, observations conducted of medication administration with Registered Nurse (RN) 2 on the unit. Observed medication administration for Resident (R) 3, R10, R12, R13, R18, and R19. RN2 prepared a resident's medications, then left the medication cart unlocked as he/she went to administer the medication(s) to the resident. Observed multiple staff in the hallway with the opportunity to access the medications in the cart. After the last medication pass was completed, inquired with RN2 if the medication cart should have been locked prior to leaving the medication cart. RN2 confirmed the medication cart had not been locked prior to walking away from it and the medication cart should have been locked while unattended. Review of the facility's policy and procedure for Medications Security Maintenance on Nursing Units documented, All medications on all units shall be locked securely.		

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER Kauai Veterans Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4643 Waimea Canyon Drive Waimea, HI 96796	
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 interview and record review, the facility failed to ensure the Infection Prevention Control Program (IPCP) was reviewed annually. An interview with the Infection Preventionist (IP) was conducted and it was determined that the facility had not been reviewed and exceeded the annual (i.e. 12 months) requirement. Findings Include: On 02/26/26 at 02:20 PM, conducted an interview with the IP and the Regional Chief Quality and Compliance Officer (RCQCO) in the IP's office. Inquired when the Hospital-Wide Infection Prevention (Influenza, Pneumococcal and COVID Prevention Plan), Infection Control (LTC Antimicrobial Stewardship Program), and the Hospital-wide Infection Prevention (Infection Surveillance and Prevention) were last reviewed. IP reviewed the facility's internal policy review records and confirmed that the annual review of these policies and procedures had not yet been reviewed, and it has been more than 12 months since the last review. RCQCO was present during the review and became aware that these policies and procedures have not been reviewed annually, as required.		