

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Samuel Mahelona Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Kawaihau Road Kapaa, HI 96746	

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)
<p>F 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42160</p> <p>Based on observation and interviews, the facility failed to ensure a comfortable temperature level for one Resident (R12) sampled. Observed R12 was lying in bed with a blanket covering his entire body, including his face and R12's Family Member (FM)3 seated under the air conditioner (AC). The room was noticeably colder in R12's portion of the room and the AC was blowing directly onto R12. R12 and FM3 reported the room is too cold, the air conditioner constantly blows cold air directly onto him, and must cover his entire body, head included, to avoid the cold air even when he has visitors. Director of Nursing (DON) confirmed the temperature in R12's room was colder than the temperature displayed on the AC controller and the cold air from the AC is not a comfortable temperature for R12. As a result of this deficient practice, residents are at risk for more than minimal physical and psychosocial harm.</p> <p>Findings include:</p> <p>On 11/19/24 at 01:15 PM, Surveyor (S)1 entered room [ROOM NUMBER] walked the room and observed FM3 seated in a chair under a split air conditioner (AC) and R12 lying on the bed with the blanket over his head. Inquired as to why R12's head was covered with the blanket while FM3 is visiting and if R12 was sleeping. FM3 stated, It's too cold in here. The AC is blowing directly onto his face and the air blowing onto him too cold for him, so he has to cover up with the blanket. This surveyor placed my hand in front of R12's face and over the general area of R12's bed and confirmed the air coming from the AC was noticeably colder than the seven other rooms this surveyor had just inspected, and the AC was blowing directly onto the resident's face and general area of his bed. FM3 called out R12 and the resident pulled the blanket down, exposing his face and said, Its cold, it's right on me and put his hand up in front of his face. FM3 stated, It's not good for him to be too cold, so he goes under the blanket then gets hot, then comes out and gets cold again. Plus, I'm here to visit him and see him, but he has to hide himself from the cold.</p> <p>On 11/21/24 at 02:57 PM, S1 and S2 entered R12's room and both surveyors observed R12 completely under a blanket and confirmed room [ROOM NUMBER] felt noticeably colder than other rooms on the unit. The AC was blowing out air at a rate high enough to visibly blow around R12's privacy curtains.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 03:00 PM, S1 and DON entered R12's room. Inquired with the DON as to the desired temperature of resident rooms. DON confirmed the temperature should be between 71 to 81 degrees Fahrenheit (F). DON confirmed the rate of air blowing from the AC was strong enough to visibly blow around R12's privacy curtain, the AC was faced directly onto R12's bed and R12 was lying in bed completely covered with a blanket. DON retrieved the AC controller for room [ROOM NUMBER] which displayed the AC was set to 72 degrees F. Asked the DON if the AC felt like the air coming from the AC felt like 72 degrees F. DON confirmed the air coming from the AC felt colder than 72 degrees F which was displayed as the set temperature on the AC controller. DON and S1 walked to R12's bedside and the resident pulled the blanket off his head and R12 stated, It's so cold in here, it's giving me a headache. DON confirmed the temperature of the AC and the AC blowing directly onto R12 was not a comfortable environment for the resident.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38870</p> <p>Based on observation, interview and record review, the facility failed to discard expired medication stored in the medication cart for one Resident. The deficient practice potentially places residents at risk for more than minimal harm.</p> <p>Findings include:</p> <p>On [DATE] at 08:35 AM, conducted an inspection of a medication cart with Registered Nurse (RN)45. Observed an expired bottle of Melatonin, 5 milligrams (mg) (a medication used for sleep), expiration date of , d+[DATE], was stored in the medication cart. The bottle was labeled with Resident (R) 37's name. RN45 reviewed the bottle of Melatonin and confirmed the expired medication should have been removed from the cart. RN45 confirmed the resident currently resides in the facility and takes the medication every night.</p> <p>Electronic Health Record (EHR) reviewed. R37's Medication Administration Record (MAR) documented R37 was administered two expired tablets of Melatonin 5 mg every evening and had last received the medication on [DATE] at 06:00 PM, last night.</p> <p>Review of Nursing Care Center Pharmacy Policy & Procedure Manual 2007 PharMerica Corp. Medication Storage Section 4.1 was received and reviewed. It documented, 14. Outdated, contaminated, discontinued, or deteriorated medications .are immediately removed from stock, disposed of according to procedures for medication disposal .and reordered from the pharmacy .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47783</p> <p>Based on observations, interviews and record review, the facility failed to dispose of food items that have passed the use by date and store food in accordance with professional standards. This deficient practice puts all the residents and staff who consume food or drink prepared at the facility at risk for foodborne illnesses.</p> <p>Findings include:</p> <p>1) On 11/19/24 at 11:16 AM, initial tour of the kitchen was done with Hospital Executive Chef (HEC). Inspection of the dry goods storage was done. Observed three jars of mustard with an expiration date of 05/08/24 on the storage shelf. HEC acknowledged that they were past the manufacturer's stated expiration date and removed them from the shelf. An opened jar of mustard was also found in the refrigerator by the food preparation area with an expiration date of 05/08/24 and confirmed by Kitchen Helper (KH)3. During the inspection of the walk-in refrigerator, observed 10 one-quart jugs of milk with an expiration date of 10/29/24. HEC asked another kitchen worker to remove them from the refrigerator and discard them.</p> <p>2) On 11/19/24 at 01:28 PM, inspected walk-in freezer with HEC. Observed a box of peas and cut carrots on the floor under a storage shelf. In an interview, asked HEC if the box was supposed to be on the floor. HEC said the staff are supposed to stack them on the shelf or plastic pallets and proceeded to removed it off the floor.</p> <p>Review of the facility policy Nutritional Services - Infection Control Guidelines stated, . Food will be stored sufficiently above floor level . to protect against contamination .</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42160</p> <p>Based on interview and record review, the facility failed to ensure a resident's preferences documented on the Advance Health Care Directive (AHCD) was accurately documented on the resident's Physician Order for Life-Sustaining Treatment (POLST) for one of three residents sampled. Review of Resident (R)40's AHCD via Electronic Health Records (EHR) documented the resident's preferences to receive medical treatment to prolong the resident's life. However, review of R40's POLST documented contradicted the resident's AHCD and documented the resident should not have Cardiopulmonary Resuscitation (CPR) and do not attempt to resuscitate. Also, the resident's active diagnosis documented R40 as Do Not Resuscitate (DNR). As a result of this deficient practice, residents are at risk for more than minimal physical harm.</p> <p>Findings include:</p> <p>Physician Orders for Life-Sustaining Treatment (or POLST) paradigm form is a form designed to improve patient care by creating a portable medical order form that records patients' treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency, taking the patient's current medical condition into consideration. A POLST paradigm form is not an advance directive.</p> <p>Advance directive is a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.</p> <p>On [DATE] at 10:41 AM, conducted a review of R40's EHR. Review of the resident's AHCD documented, I want medical treatment that would prolong my life as the resident's preference for life saving measures. Review of R40's POLST documented, NO CPR, Do Not Attempt Resuscitation (DNR). The POLST contradicted R40's preferences for live saving measures documented on the resident's AHCD. Also, R40's list of active diagnosis documented the resident as DNR, which also contradicted the resident's preferences documented on his AHCD.</p> <p>Requested a copy of R40's most recent AHCD and POLST. On [DATE] at 02:29 PM, reviewed R40's AHCD and POLST provided by the Director of Nursing and the Administrator, and confirmed it was the same forms this surveyor reviewed earlier in R40's EHR.</p> <p>On [DATE] at 03:44 PM, conducted a concurrent record review and interview with R40's physician (P)1. P1 reviewed R40's AHCD and POLST and confirmed both forms were completed by the facility and were the most current forms. After a closer review of the AHCD and POLST, P1 confirmed the POLST did not match the resident's preferences documented on the AHCD and it should have. Requested for P1 to further review R40's EHR to ensure there was no other documentation related to why the POLST lifesaving treatments were not the same as documented on the resident's AHCD. P1 reviewed R40's EHR and confirmed there was no additional documentation related to the discrepancy between the AHCD and POLST.</p>		