

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Hale Ho'Ola Hamakua		STREET ADDRESS, CITY, STATE, ZIP CODE 45-547 Plumeria Street Honokaa, HI 96727	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39754</p> <p>Based on review of Facility Reported Incident (ACTS 10975), record review, staff interview and review of policy, the facility failed to implement the comprehensive care plan for Resident (R)2. As a result of this deficiency, R2 was found in another resident's room showing inappropriate sexual behaviors.</p> <p>Findings include:</p> <p>Review of ACTS 10975 mentioned that R2 was found in another resident's room on 05/16/24 at approximately 03:20 AM displaying inappropriate sexual behaviors. R2 was directed back to room and placed on 1:1 supervision. Prior to this incident, R2 had a report of entering another resident's room on 11/22/22, and then on 12/02/22 there was another report of R2 exposing self in the room doorway. There were no other incidents thereafter until this current incident.</p> <p>Review of the Electronic Health Record showed that R2 was admitted on [DATE] with a diagnosis including Subarachnoid Hemorrhage, High Blood Pressure, Emphysema, High Cholesterol, Alcohol Abuse with Seizure. On 05/17/24 after the incident previously mentioned, R2 was discharged from the facility and admitted to the hospital for psychiatric evaluation and closer observation.</p> <p>Staff interview on 05/30/24 at 02:45 PM, Certified Nurse Assistant (CNA)1 said that R2 has never showed any behaviors of entering another resident's room or any inappropriate sexual behaviors. CNA1 said that R2 routinely stayed in bed and you could tell when R2 gets up only to stand in the doorway. R2 always likes to stay in bed most of the time.</p> <p>Review of Comprehensive Care Plan for R2, start date 02/23/23 read the following: Behavioral Symptoms; Problem, sometimes wander into the rooms of other residents and need to be redirected back to my own room. Outcome, will have fewer than three episodes each week of behaviors . behaviors will not cause harm to myself or others within the quarter.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy of policy on Freedom from Abuse / Neglect / Exploitation Long Term Care Residents read Purpose, to advocate prompt and ample protection for victims and/or suspected victims, to provide a guide for accurate reporting and/or agency referrals of suspected crimes, including abuse, within the prescribed timeframes, while providing comprehensive and compassionate care to the alleged victim, without risking further danger, to keep residents free from abuse neglect and corporal punishment of any kind including involuntary seclusion, by any person . The resident's plan of care should be updated to include interventions to prevent further instances .</p>		