

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>43245</p> <p>Based on observation, interview, and record review, the facility failed to protect and promote quality of life for 3 of 4 residents sampled for dignity (Residents 74, 41, and 12). Specifically, the facility failed to ensure that Resident (R)74's hair was combed prior to placing her in the common area used for dining, and failed to ensure staff did not stand over R41 and R12 while providing feeding assistance. This deficient practice has the potential to affect all residents in the facility requiring assistance with hygiene, grooming, and feeding.</p> <p>Findings include:</p> <p>1) On 01/30/24 at 12:16 PM, observed R74 sleeping in her high-backed wheelchair out in the common room used for dining, as at least 15 other residents waited in the common room for lunch service to begin. Noted that R74's hair was sticking up in disarray, appearing uncombed/unbrushed.</p> <p>On 02/01/24 at 08:25 AM, a second observation was made of R74 seated in her high-backed wheelchair in the common area used for dining with at least 15 other residents in various stages of breakfast service. Noted that R74's hair was sticking up in disarray, appearing uncombed/unbrushed.</p> <p>On 02/01/24 at 08:30 AM, an interview was done with Certified Nurse Aide (CNA)14 out in the common area. After looking at R74's hair, CNA14 confirmed that it had not been combed or brushed, and that R74 could not perform that task herself. CNA14 agreed that residents' hair should absolutely be groomed prior to being brought out of their rooms.</p> <p>A review of R74's comprehensive care plan (CP) revealed the following regarding her activities of daily living (ADLs) such as grooming/personal hygiene:</p> <p>ADL Assistance . needed to maintain or attain highest level of function.</p> <p>Assist with mobility and ADLs as needed.</p> <p>PERSONAL HYGIENE: Extensive to total assist .</p> <p>43414</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2) On 01/31/24 at 08:31 AM, observed in R41's room, Registered Dietician (RD) providing feeding assistance to R41 standing up. A chair was observed to be in R41's room but was not positioned to be used while RD was providing feeding assistance.</p> <p>3) On 02/01/24 at 09:12 AM, observed in the activities room, also used for dining, Activities Aide (AA) 4 providing feeding assistance to R12 standing up. AA4 reported he should not be standing up while providing feeding assistance and usually uses a chair. AA4 further reported R12 can feed herself, but needs encouragement, and sometimes total assist.</p> <p>On 02/01/24 at 03:36 PM an interview with the Director of Nursing (DON) was done. DON stated staff should be sitting while providing feeding assistance for resident dignity.</p> <p>Review of the facility's policy and procedure Dignity reviewed on 09/25/23 documented Each resident has the right to be treated with dignity and respect .Promoting resident independence and dignity while dining, such as avoiding .c. Staff standing over residents while assisting them to eat .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>43245</p> <p>Based on interview and record review, the facility failed to provide proper notification of transfer/discharge for 4 of 4 residents sampled for hospitalization (Residents 15, 24, 12, and 9). Specifically, the facility failed to issue written notification of transfer/discharge to the residents or their representatives for 2 of the 4 residents, and failed to send notification of the transfer/discharge to the Office of the State LTC [long-term care] Ombudsman (LTCO) for 2 of the 4 residents. This deficient practice has the potential to affect all residents at the facility who are discharged or transferred.</p> <p>Findings include:</p> <p>1) On 01/31/24 at 12:20 PM, a review of Resident (R)15's electronic health record (EHR) noted that she was hospitalized from 12/08/23 to 12/14/23 for gastrointestinal bleeding (she had blood in her stool). No written notice of the transfer/discharge was found in her EHR.</p> <p>On 02/01/24 at 09:28 AM, the Director of Nursing (DON) provided a Notice of Resident Transfer or Discharge that was dated 12/08/23 but was not signed by R15's family representative verifying receipt of the written notice. DON confirmed that without the signature verifying receipt, there was no documentation to verify that the written notification of transfer/discharge was issued.</p> <p>43414</p> <p>2) Review of R24's EHR documented R24 was transferred to the emergency room (ER) on 10/26/23 after X-ray results from an orthopedic clinic indicated R24 had a fracture to left hip and required surgery. R24's EHR did not include documentation that written notification was given or sent to R24's or his representative.</p> <p>Review of the NOTICE OF RESIDENT TRANSFER OR DISCHARGE form does not include a signature under VERIFICATION/NOTICE OF RECEIPT that R24 or his representative received a copy of the form.</p> <p>48351</p> <p>3) Review of R12's EHR documented R12 was transferred to an acute care hospital on 09/02/23 for a change in her level of care. R12's EHR lacked documentation that the facility had sent written notification to the State Long Term Care Ombudsman (SLTCO). Interview with the facility's Social Service (SS) 1 was conducted on 02/02/24 at 09:11 AM. SS1 confirmed that written notification to the SLTCO, regarding R12's transfer to the hospital, was not sent.</p> <p>4) Review of R9's EHR documented that R9 was transferred to an acute care hospital on 08/03/23 for a change in her level of care. R9's EHR lacked documentation that the facility had sent written notification to the State Long Term Care Ombudsman (SLTCO). Interview with SS1 was conducted on 02/02/24 at 09:11 AM. SS1 confirmed that written notification to the SLTCO, regarding R12's transfer to the hospital, was not sent.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>43414</p> <p>Based on interview and record review the facility failed to provide written notification of the facility's bed hold policy to the resident or resident representative for two of four sampled for hospitalization (Residents (R) 24 and R12).</p> <p>Findings include:</p> <p>1) Review of R24's Electronic Health Record (EHR) documented R24 was transferred to the emergency room (ER) on 10/26/23 after X-ray results from an orthopedic clinic indicated R24 had a fracture to left hip and required surgery. R24's EHR did not include documentation that written the facility's bed hold policy was given or sent to R24's or his representative.</p> <p>On 02/01/24 at 02:38 PM an interview with Social Services (SS) 1 was done. SS1 reported R24's EHR documents that a phone call was made out to his representative regarding the facility's bed hold policy but there was no documentation a written copy was sent out to R24 of his representative.</p> <p>48351</p> <p>2) Review of R12's EHR documented that R12 was transferred to an acute care hospital on 09/02/23 for a change in her level of care. R12's EHR lacked documentation that a written notification of the facility's bed hold policy was provided to R12's representative.</p> <p>Interview was conducted with the facility's Health Information Management Director (HIMD) on 02/02/24 at 08:59 AM. HIMD stated that the facility's process includes, the nurses calling the resident's representative and verbally providing them with the bed hold policy. HIMD confirmed that the facility does not send the resident's representative a written notification of the bed hold policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>43245</p> <p>Based on interview and record review, the facility failed to electronically transmit minimum data set (MDS) data to the Centers for Medicare and Medicaid Services (CMS) System within 14 days of its completion following the discharge of Resident 70. Transmitting health data in a timely manner facilitates computer-aided data analysis which impacts payment and quality.</p> <p>Findings include:</p> <p>On 01/31/24 at 02:24 PM, during a review of Resident (R)70's electronic health record (EHR), it was noted that he was discharged from the facility on 09/29/23, with his discharge assessment documented as completed on 10/04/23. While searching for confirmation of the data transmittal, noted that the Assessment History displayed as Assessment was never added to a batch. Requested transmittal documentation from Minimum Data Set Coordinator (MDSC)1.</p> <p>On 01/31/24 at 02:49 PM, an interview was done with MDSC1 and MDSC2 in the administration conference room. MDSC1 confirmed that R70's discharge assessment had not been transmitted, and stated that they had just submitted it. Transmittal Report provided by MDSC1 verified the assessment was transmitted and accepted on 01/31/24.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43245</p> <p>Based on observation, interview, and record review, the facility did not ensure that comprehensive person-centered care plans were developed and/or implemented for 2 of 21 residents (Residents 17 and 132) in the active patient sample. As a result of this deficient practice, these residents were placed at risk for a decline in their quality of life, and were prevented from attaining their highest practicable physical, mental, and psychosocial well-being. This deficient practice has the potential to affect all the residents at the facility.</p> <p>Findings include:</p> <p>1) Cross-reference to F688 Increase/Prevent Decrease in ROM/Mobility. Based on observation, interview, and record review, the facility failed to implement interventions from the comprehensive care plan of Resident (R)17 to help increase and/or prevent further decrease in range of motion (ROM) of her left knee and hand.</p> <p>37954</p> <p>2) On 01/31/24 at 11:02 AM observed and interviewed R132 in her room while she was sitting in her wheelchair. Edema (swelling) was noted in R132's left leg and foot. Inquired when she noticed the swelling and she stated she had fallen at home and had broke her hip and had to have hip replacement surgery, they put a new ball in there referring to the artificial hip joint. R132 was unable to state exactly when she acquired the swelling in her left leg and foot.</p> <p>On 01/31/24 Record Review (RR) of R132's Electronic Health Record (EHR) found she was admitted on [DATE] and her diagnoses include, but are not limited to, displaced midcervical fracture of left femur (misaligned broken left upper leg bone), presence of left artificial hip joint and pain in left hip. During RR of R132's care plan (CP) there was no mention of monitoring for edema (swelling) and interventions staff would do to prevent and alleviate it.</p> <p>On 02/01/24 at 03:48 PM interviewed Registered Nurse (RN)8 who stated since R132 came to facility she has had some noted swelling in her left leg and foot and this is usually due to the resident spending more time in bed while she was in the hospital and then spending more time sitting up in her wheelchair at the facility. RN8 stated she checked for deep vein thrombosis (blood clot) and it was not present.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43245</b></p> <p>Based on observation, interview, and record review, the facility did not ensure that 1 of 1 resident (Resident 74) sampled for a urinary tract infection (UTI) received the appropriate treatment and services to manage her acute urinary retention, as evidenced by repeated and routine intermittent catheterizations over a period of 5 days, causing unnecessary trauma to her urethra and placing her at increased risk of bladder spasms and UTIs.</p> <p>Findings include:</p> <p>Resident (R)74 is an [AGE] year-old female admitted to the facility on [DATE] following a fracture to her right hip. Multiple observations made of R74 on 01/30/24 and 01/31/24, both in her room and out in the common area used for dining, noted R74 as extremely somnolent, very poor appetite, consuming a maximum of 10% of lunch on 01/30/24, and 10% of breakfast on 01/31/24, and non-responsive to staff, family, and State Agency (SA) questions.</p> <p>On 01/31/24 at 10:46 AM, a review of R74's electronic health record (EHR) noted that on 01/26/24, after assessing R74 with an abdomen hard to touch and distended, and documentation of her last bowel movement at 05:35 AM, the facility obtained an order to perform an intermittent catheterization. When the catheter was inserted, 800 milliliters (less than a cupful under a liter) of dark tea color urine was drained. R74's physician was informed and gave an order for intermittent catheterization every 8 hours for urinary retention until 01/29/2024. On 01/29/24, another order was obtained for intermittent catheterization for urine retention three times a day . A review of R74's Treatment Administration Record (TAR) noted that from 01/26/24 to 01/31/24, R74 was catheterized 15 times with outputs ranging from 80 - 950 milliliters (mLs). Many of the urine outputs were documented as dark urine, with sediment, and foul smell, however a urinalysis (UA) to test for a UTI was not done until 01/29/24. On 01/30/24, R74 was diagnosed with a UTI and started on oral antibiotics.</p> <p>A review of the facility policy for Indwelling Urinary Catheter (Foley) Management, last revised 06/27/23, and last reviewed on 08/24/23, revealed the following:</p> <p>Examples of Appropriate Indications for Indwelling [as opposed to intermittent] Urethral Catheters 1. Patient has acute urinary retention .</p> <p>The National Institute of Health at <a href="https://www.niddk.nih.gov/health-information/urologic-diseases/urinary-retention/definition-facts">https://www.niddk.nih.gov/health-information/urologic-diseases/urinary-retention/definition-facts</a>, defines acute urinary retention as a condition in which you are unable to empty all the urine from your bladder . happens suddenly and lasts only a short time, and states, Acute urinary retention can cause severe pain and be life threatening.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/01/24 at 03:46 PM, an interview was done with the Director of Nursing (DON) in the Administrator's office. DON confirmed that the facility began routinely and intermittently (three times a day) catheterizing R74 on 01/26/24 for urinary retention of unknown causes. DON reported that normally they would catheterize a resident only after assessing them with retained urine of a volume above a predetermined parameter, however the facility's bladder scanner was inoperable until 01/31/24, so they had no idea how much urine R74 might be retaining and had to drain her bladder routinely. When asked why an indwelling catheter had not been placed, DON stated the facility did not feel that an indwelling catheter was indicated when they didn't know what was causing the retention. DON confirmed that R74 had no history of a neurogenic bladder (a condition where a person lacks bladder control due to brain, spinal cord, or nerve problems) or urinary retention.</p> <p>On 02/02/24 at 08:31 AM, an interview was done with R74's physician (DO)1 in her facility office. DO1 stated that had the bladder scanner been operational earlier, she would have modified the orders for routine intermittent catheterization to as needed for urine retention above a specific volume. DO1 reported that on 01/26/24, there was only the urinary retention, there was no indication of an infection of any kind, so a UA was not ordered. She did however, order blood tests for Monday 01/29/24, which showed mildly elevated white blood cells, and that was when a UA was ordered. DO1 agreed that since there was no UA done on 01/26/24, there was no way to tell if R74 had the UTI already, or it was caused by the repeated catheterizations.</p> <p>In the American Family Physician Journal 2000;61(2):369 - 376, a review of the article Urinary Catheter Management, found at <a href="https://www.aafp.org/pubs/afp/issues/2000/0115/p369.html#:~:text=An%20initial%20episode%20of%20acute,after%2010%20to%2014%20days,">https://www.aafp.org/pubs/afp/issues/2000/0115/p369.html#:~:text=An%20initial%20episode%20of%20acute,after%2010%20to%2014%20days,</a> revealed the following:</p> <p>An initial episode of acute urinary retention should be treated with an indwelling catheter to allow the bladder to regain its tone, with catheter removal and a voiding trial after 10 to 14 days . a single in-and-out catheterization may cause bacteriuria [the presence of bacteria in the urine] in as many as 20 percent of older people .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43245</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure Resident (R)17 received the appropriate treatment, equipment, and/or services to increase or prevent further decrease in range of motion (ROM) of her left knee and hand. As a result of this deficient practice, R17 was hindered from reaching her highest practicable well-being. This deficient practice has the potential to affect all the residents at the facility with ROM deficits.</p> <p>Findings include:</p> <p>Resident (R)17 is a [AGE] year-old female admitted to the facility for long-term care on 05/10/19. Her current diagnoses include, but are not limited to, hemiplegia (paralysis of one side of the body) and hemiparesis (weakness or the inability to move on one side of the body) of the left side following a stroke, contracture (a tightening of muscle, tendons, ligaments, or skin that prevents normal movement of the associated body part) of the left hand and left knee, and generalized muscle weakness. R17 is non-verbal and minimally responsive to stimuli.</p> <p>A review of R17's electronic health record (EHR) revealed the following interventions in her comprehensive care plan for Alteration in Musculoskeletal Status Related to Contractures of the Left Hand and Left Knee:</p> <p>Left resting splint: AM [morning/day shift] STAFF: L) resting hand splint on beginning of shift off 4 hours later. Check skin pre/post wear time for redness/swelling.</p> <p>PM [evening shift] STAFF: L) resting hand splint on beginning of shift, off 4 hours later. Check skin pre/post wear times for redness/swelling.</p> <p>Left knee contracture splint on 2 hrs [hours] day shift and 2 hrs evening shift; remove for night shift and for skin checks and hygiene.</p> <p>The same interventions were also noted in the physician orders and on R17's Treatment Administration Record (TAR).</p> <p>On 01/30/24 at 11:15 AM, 01/31/24 at 03:30 PM, and 02/01/24 at 08:46 AM, observations were done of R17 as she slept in bed. No observations were made of a supportive device/splint on her left knee, left hand, or at the bedside.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/01/24 at 10:40 AM, observed Certified Nurse Aide (CNA)14 performing peri care (washing the genitals and anal area) on R17. While she was uncovered, observed no supportive device/splint on her left knee, left hand, on the bed, or at the bedside. Noted R17's left wrist was severely contracted. At 10:52 AM, once peri care was completed, asked CNA14 if she had ever seen R17 wearing any splints. CNA14 stated yes, but I don't know where it went. After looking around R17's bed, CNA14 looked in the closet and pulled out a blue splint and a black splint. CNA14 explained that she usually sees a splint on R17's hand but did not know which of the splints she found in the closet was the correct one as the nurses are the ones who apply it. There was no mention of ever seeing a splint on R17's left knee. CNA14 left the room to get Registered Nurse (RN)16 to apply the splint(s).</p> <p>On 02/01/24 at 11:35 AM, observed R17 with the blue splint on her right wrist/hand. Her left hand and left knee both remained bare.</p> <p>On 02/01/24 at 11:42 AM, an interview was done with Licensed Practical Nurse (LPN)5 at the Nurses' Station. LPN5 stated that R17 should have a splint for her left hand. If placed, it should be documented on her TAR; if not placed, the reason should be documented in a progress note.</p> <p>At 11:45 AM, a review of R17's TAR noted RN16 had signed off that R17's left knee splint had been applied for 2 hours that morning, and that her left hand splint had been on at 06:30 AM and off at 10:30 AM. This documentation does not align with any of the multiple observations made that morning. At 12:17 PM, observation of R17 sleeping in her bed revealed the blue splint remained on R17's right hand, with her left hand and left knee still bare. A review of the progress notes noted no documentation of why there was no splint applied to R17's left hand or left knee, nor why there was a splint applied to her right hand where there was no contracture.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43414</p> <p>Based on observation, interview, and record review the facility failed to ensure Resident (R) 52 was offered sufficient fluid when requested to maintain proper hydration and health.</p> <p>Findings include:</p> <p>R52 was admitted to the facility on [DATE] with a diagnosis not limited to Urinary Tract Infection (UTI).</p> <p>On 01/31/24 at 08:41 AM an observation and interview with R52 was done. Observed Certified Nurse Aide (CNA) 10 approach R52 while R52 was eating breakfast. After CNA10 left R52's room, R52 reported she asked for water at approximately 07:15 AM and a staff member took her water pitcher but has not returned and she just asked CNA10 for her water again. At 08:45 AM, CNA10 returned with R52's water pitcher.</p> <p>Review of R52's care plan documented DEHYDRATION RISK: The resident has dehydration or potential fluid deficit r/t [related to] recent UTI.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>37954</p> <p>Based on observation, record review, and interview, the facility failed to ensure there was sufficient nursing staff to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, in addition to their physical, mental, and psychosocial well-being. As a result of this deficient practice, the residents experienced a decreased quality of life and were unable to attain their highest practicable well-being.</p> <p>Findings include:</p> <p>1) On 01/30/24 at 01:43 PM interviewed AR4 in his/her room. Inquired if there are enough staff to provide care for him/her. AR4 reported there are not enough staff, they are so short staffed, and he/she made a note to the social worker regarding this. AR4 stated, it's a shame to have such a nice place and not have it fully staffed. AR4 asked, what can we do as a community? What can our representative do? (Legislator). Such a shame. One time I rang the buzzer and they didn't come, sometimes it takes 15-20 minutes, it's not right away, one time I felt like I was going to die and I could have.</p> <p>2) On 01/30/24 at 02:40 PM, interviewed R76 who stated facility is short staffed when asked if there are enough staff to help her. R76 would not elaborate when questioned about this, stated she was being discharged soon.</p> <p>3) On 01/31/24 at 10:42 AM interviewed R132 in her room. R132, who is a high risk for falls, had fallen at home and had hip surgery before coming to the facility. R132 reported, in the early morning it takes them about 15 minutes to respond, to her call light and that she will, go on my own because I have to go.</p> <p>43414</p> <p>4) On 01/30/24 at 02:19 PM an interview with Resident (R) 52 was done. R52 reported the facility seemed to be short staffed and described an incident when she waited for an hour for staff to help her. She used her call light and needed to use the bathroom and because she waited an hour, she had an accident in her bed.</p> <p>43245</p> <p>5) On 01/30/24 at 11:00 AM, a resident who asked to remain anonymous was interviewed in his/her room. When asked about staffing, Anonymous Resident (AR)1 stated, they're short of help. AR1 explained that the facility is frequently lacking both Aides and Nurses, resulting in several times in the last year that he/she has lost control of his/her bladder or bowels while waiting for assistance to the bathroom after hitting his/her call light. AR1 stated that he/she also fell and hit his/her head after waiting for assistance so long that he/she tried to walk to the bathroom unassisted.</p> <p>6) On 01/30/24 at 12:02 PM, when asked about staffing, AR2 also responded that there is not enough staff to meet the needs of the residents. AR2 reported that he/she too has had multiple accidents in his/her briefs while waiting for staff to respond to his/her call for assistance to the bathroom.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>7) On 01/31/24 at 09:06 AM, when asked about staffing, AR3 reported that the facility often runs so short that he/she does not get his/her scheduled two showers per week. AR3 stated that the showers depend on having enough staff, so when the facility is short-staffed, it means that showers get missed. AR3 stated that if he/she could, he/she would shower every day, so to not be able to shower even twice a week really bothers him/her.</p> <p>In a review of the Centers for Medicare and Medicaid Services (CMS) Payroll-Based Journal (PBJ) Staffing Data Report, it was revealed that the facility had triggered for Excessively Low Weekend Staffing every quarter of fiscal year 2023.</p> <p>On 02/01/24 at 02:56 PM, an interview was done with the Health Information Management Director (HIM), who was also the Nurse Staffing Coordinator, in her office. When asked about the PBJ Report, and if the results sounded accurate, HIM responded yes. HIM confirmed that the staff schedule has been very challenging to do as the facility is short of nursing staff. HIM reported that the Certified Nurse Aide (CNA) positions seemed to be shorter than the Registered Nurse/Licensed Practical Nurse (RN/LPN) positions. CNAs are already short [on the schedule] then they call out sick and we're even shorter. When asked about weekend staffing, HIM reported that sick calls do seem to increase on the weekends.</p> <p>On 02/01/24 at 03:34 PM, a second interview was done with HIM in the facility breezeway. When asked about staffing ratio goals, HIM reported that they ideally shoot for a 10:1 ratio for CNAs to residents (on the day shift). When asked how often they hit that goal, HIM answered not too often, because of sick calls. For the RN/LPN staffing goal, HIM reported that they would like to have 2 nurses on each side of the facility, plus a Unit Manager (UM) on the larger side, for a total of 5 licensed nurses on day shift, however there are not enough licensed nurses for that, so the UM is usually used as a floor nurse.</p> <p>On 02/01/24 at 03:46 PM, an interview was done with the Administrator and Director of Nursing (DON) in the Administrator's office. When asked about the PBJ Report, and if the results of excessively low weekend staffing for every quarter of fiscal year 2023 sounded accurate, both the Administrator and DON stated yes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>43414</p> <p>Based on observation, interview, and record review the facility failed to ensure residents dietary needs and preference were met. 1) Resident (R) 52 food preferences were not followed. 2) Staff members providing feeding assistance and/or passing meal trays to residents were not aware of residents' special dietary texture needs to ensure residents are receiving the proper diet texture on their meal trays. 3) R62's food preferences were not followed. 4.) R50's fluid preferences were not given.</p> <p>Findings include:</p> <p>1) On 01/31/24 at 08:41 AM an observation and interview with R52 was done. Observed Certified Nurse Aide (CNA) 10 approach R52 while R52 was eating breakfast. After CNA10 left R52's room, R52 reported she is supposed to get milk with her breakfast and when she got her meal tray 30 minutes ago, she asked a staff member for milk but had not received it yet. She asked CNA10 about her milk. At 08:45 AM, CNA10 returned with R52's milk. Observed R52 dietary form to include milk with her meal. R52 was then observed to pour her milk in her cereal.</p> <p>R52 further reported when she gets the weekly menu, she reviews it in advance and marks an X to indicate she plans to order from the alternative menu. Reviewed R52's marked menu with an X for dinner on Tuesday (01/30/24) and Thursday (02/01/24). R52 explained that she fills out the form to request an alternative menu in advance and gives the form the day before or the day of to the CNA. R52 ordered Salesbury steak as her alternative menu on 01/30/24 instead of the baked honey glaze ham for dinner but did not receive her menu preference. Instead R52 received the ham but did not want to turn the food away because from experience it would take another 20 minutes to get the correct menu ordered.</p> <p>On 02/01/24 at 08:59 AM, R52 reported she received the Salesbury steak she ordered on 01/30/24, last night instead. Dinner on 01/31/24 was supposed to be teriyaki beef and she wanted to eat the teriyaki beef but instead got the Salesbury steak. R52 did not understand why dietary staff got the days mixed up. R52 ate the Salesbury steak because she did not want to wait any further for dinner. R52 did not receive her menu preference.</p> <p>The facility's policy and procedure Food Preferences revised 04/25/23 documented Individual .food preferences are honored, when possible, to enhance resident's satisfaction with food and dining.</p> <p>2) On 01/30/24 at 12:47 PM an interview with Family Member (FM) 16 was done. FM16 reported Resident (R) 69's ordered diet texture is currently moist minced after choking on her food. FM16 reportedly found dietary staff have been inconsistent in R69's ordered diet and would sometimes give R69 regular diet, chopped diet, minced diet, and pureed diet which may have resulted in the incident when R69 choked on her food. R69 reportedly expressed to FM16 and another FM that she thought she was going to die.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/31/24 at 08:21 AM interview with Activities Aide (AA) 1 was done. While AA1 was providing feeding assistance to a resident, inquired what does PU4 on the resident's dietary form stand for, AA1 stated she did not know. On another resident's dietary form, inquired what MM5 stands for, AA1 stated she did not know.</p> <p>On 01/31/24 at 08:24 AM an interview with Certified Nurse Aide (CNA) 42 was done. While CNA42 was providing feeding assistance to resident, inquired what does PU4 on the resident's dietary form stand for, CNA42 stated she was not sure, but it might stand for pureed. Inquired why CNA42 may think it stand for pureed diet, CNA42 stated because the resident's food is all pureed. Inquired about MM5, CNA42 stated she cannot memorize all the abbreviations to the diet textures but there is a chart with all the abbreviation and referred to Registered Dietician.</p> <p>Review of the list of abbreviations for texture diets provided by RD included but not limited to:</p> <p>Regular - RG7</p> <p>Easy To Chew - EC7</p> <p>Soft &amp; Bite-Sized -SB6</p> <p>Minced &amp; Moist - MM5</p> <p>Pureed- PU4</p> <p>On 01/31/24 at 08:29 AM an interview with CNA10 was done. Observed CNA10 passing trays to residents in their rooms, inquired with CNA10 what MM5 stood for in the residents' dietary form. CNA10 stated she did not know.</p> <p>Review of the facility's policy and procedure Meal Service reviewed on 08/24/23 documented Verify the meal being served matches the correct diet that is prescribed for the resident.</p> <p>48351</p> <p>3) Interview was conducted with R62 on 01/31/24 at 07:54 AM. R62 stated that the kitchen sends over meals containing chocolate multiple times in a month, when her diet preference card documented chocolate as one of her allergies/dislikes.</p> <p>Observation was conducted on 01/31/24 at 12:26 PM in R62's room. CNA10 was observed delivering R62's lunch tray. When CNA10 uncovered R62's plate, it was observed that R62's chicken entree was grinded/grounded. On R62's diet preference card, it documented, no grounded meat. R62 stated that the kitchen makes an error on her meals at least twice a week.</p> <p>Interview was conducted with Dietary Manager (DM) on 02/01/24. DM was shown a picture of R62s lunch tray on 01/31/24. DM was also shown R62's diet preference card. DM stated that R62 is on an easy to chew diet, which means that the chicken entree for that day needed to be grounded. Since R62 preferred no ground meat, DM stated that a substitution entree should have been provided to meet R62's diet preference.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>37954</p> <p>4) An interview was conducted with R50 on 01/30/24 at 2:13 PM. Observed R50 was sitting in front of his bathroom. He reported that he is lactose intolerant, stated he has been given milk five times in the past two weeks. R50 reported today he tried the milk in his cup that came on his lunch tray and said it was regular milk, not the almond milk that he requested. At this time R50 complained of having loose stool, stated he believes it is from the milk he was given.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43414</b></p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>1) On [DATE] at 10:25 AM, during the initial kitchen tour with Dietary Manager (DM) observed in the walk refrigerator 19 uncovered cakes. Inquired with DM if the cakes should be covered, DM stated they should have been.</p> <p>On [DATE] at 11:41 AM, observed in a nourishment room with DM a total of three cranberry cocktail juice containers past the used by date of [DATE] on the shelf and one opened cranberry cocktail juice container past the used by date of [DATE] in the refrigerator. DM stated they should be discarded and observed DM throw the containers in the trash.</p> <p>On [DATE] at 11:09 AM, observed DM check the temperatures of the food to be served to residents for lunch. Observed DM take the temperature of the whole regular chicken with temperature 127 degrees Fahrenheit (F) from the steam table, then immediately take the chicken out of the tray and put it in the steamer to get warmed up. Inquired if the chicken was at safe holding temperatures, DM reported it was not and that is why he took it out of the tray line to warm it up.</p> <p>Review of the facility's policy and procedure (P&amp;P) Food Safety revised on [DATE] documented steam tables must be able to maintain hot foods at temperature of 135 degrees F or above. Danger Zone described in the P&amp;P .temperatures above 41 degrees Fahrenheit (F) and below 135 degrees F that all the rapid growth of pathogenic microorganisms that can cause foodborne illness.</p> <p>48351</p> <p>2) Observation of the nourishment room between room [ROOM NUMBER] and the nurse's station was conducted on [DATE] at 02:13 PM. The nourishment room contained 25 grape jellies, 14 honey, eight breakfast syrups, and three peanut butters. All listed condiments did not have use by dates or expiration dates.</p> <p>Interview was conducted with the Director of Nursing (DON) on [DATE] at 02:15 PM in the nourishment room. DON was shown the undated condiments. DON stated that there is no way to tell if the condiments are expired or not. She stated that she will ask the DM.</p> <p>On [DATE] at 02:35 PM, after asking the DM, DON stated that the staff members should have put a date on all the condiments.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waiuanuenue Avenue Hilo, HI 96720	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37954</b></p> <p>Based on observations, interviews and record review, the facility failed to apply standard infection control precautions to ensure the health and safety of its residents, staff and visitors.</p> <p>Findings include:</p> <p>1) On 01/31/24 at 08:28 AM observed Activities Aide (AA)2 set up resident(R)77's breakfast. Interviewed AA2 at this time and asked if she gave R77 hand sanitizer or wipes to wipe her hands before breakfast and she said no. Inquired if facility staff usually provide hand wipes or hand sanitizer before meals and AA2 said no and said the hand sanitizer is kept around as she looked around the room. Asked if R77, who is in a wheelchair, would roll herself to the hand sanitizer and she said no.</p> <p>On 01/31/24 at 08:33 AM interviewed Registered Nurse (RN)8 about patient's cleaning their hands before breakfast. RN8 said if the resident uses the bathroom staff have them wash their hands. RN8 also stated when residents are sitting out of their room or are up in their room to eat their meal staff provide hand sanitizer before meals.</p> <p>On 01/31/24 at 08:44 AM met with and interviewed Administrator regarding hand hygiene for residents before meals. Administrator explained residents who are provided care would also do hand hygiene at that time. Administrator did state they (facility) need to correct this because they do not know if they (residents) touched anything afterwards.</p> <p>On 01/31/24 at 08:48 AM interviewed R77 and inquired if staff had been provided hand sanitizer or hand wipes to use on her hands before she ate her breakfast. She stated she washes her face and hands in the morning before she comes out of her room to eat her meals.</p> <p>An interview was performed with the Infection Preventionist (IP) on 02/01/24 at 1:57 PM in his office. Inquired if the facility offers residents hand sanitizer or hand wipes before meals. IP stated when residents used to eat in the big dining room the staff would give the residents hand sanitizer as they entered the room. Currently, because of COVID, residents are now eating on their units either in the main room or in their rooms. IP confirmed staff should be giving residents hand sanitizer before meals.</p> <p>2) On 01/31/24 at 10:26 AM observed R132's room did not have signs posted outside of her room notifying staff and visitors of transmission based precautions (TBP) and need for all to use personal protective equipment (PPE) (use of gloves, gowns, mask and goggles) prior to entering R132's room. R132 was admitted to the facility on [DATE] with an active case of COVID-19. Concurrent interview was done with RN8 who was not aware signage was not placed outside of R132's room for everyone to use PPEs for TBP. RN8 taped the sign up to the wall outside of R132's room at that time.</p> <p>43414</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Hale Anuenue Restorative Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1333 Waianuenue Avenue Hilo, HI 96720	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3) On 01/30/24 at 11:48 AM, observed dietary staff bring a cart full of lunch trays to the area used for activities and dining. Observed AA1 prepare residents in the dining area for lunch by clearing their tables and putting tablecloths on the tables and/or tray tables. No observation of staff members offering residents hand sanitizer or to wash their hands. At 12:05 PM, observed staff members begin passing out trays to residents. A total of 19 residents were dining outside of their room and there was no observation of staff members offering residents hand sanitizer or to wash their hands from any of the staff members passing the trays. At 12:15 PM, inquired with AA1 how residents wash their hands before meals, AA1 pointed to a portable hand sanitizer bottle that is used. Inquired if she offered the hand sanitizer to the residents before lunch, AA1 stated she did not.</p>