

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Yukio Okutsu State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1180 Waiianuenue 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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42160</p> <p>Based on interviews and record review, the facility failed to provide competent nursing services for one resident (Resident (R)166) sampled. Specifically, nursing staff did not take immediate action and seek a higher level of care for R166's respiratory distress. As a result of this deficient practice, R166 was placed at risk of more than minimal physical harm.</p> <p>Findings include:</p> <p>Review of R166's Electronic Health Record (EHR) documented the resident was admitted to the facility on [DATE] with diagnosis which included hemiplegia/hemiparesis following a cerebral infarction affecting the right dominant side, dysphagia, and hypertension. R166 was at the facility for physical, speech, and occupational therapy services after experiencing a cerebral infarction (condition that occurs when brain tissue dies as a result of a lack of blood flow).</p> <p>Review of R166's oxygen saturations documented R166's oxygen saturation as:</p> <p>10/06/24 at 11:15 PM- 91.0 % on room air</p> <p>10/07/24 at 06:07 AM- 92.0% oxygen via nasal cannula</p> <p>10/07/24 at 08:09 AM- 83.0% oxygen via nasal cannula</p> <p>10/07/24 at 08:53 AM- 84.0% oxygen via nasal cannula</p> <p>Oxygen saturation levels under 90% are considered low and levels below 88% require immediate medical attention. R166 was also COVID positive with documented oxygen saturation level of 83% on 2 liters (L) of oxygen. Approximately an hour later R166's oxygen saturation was 84% on 4 L of oxygen.</p> <p>Review of R166's a nursing progress note on 10/07/24 at 09:15 AM documented, At 0840 resident desated (desaturated) to 83-84% with 4 liters of oxygen via nasal cannula. Family is into visit and requested to have resident to be send out to ER for further evaluation and treatments. Called and spoke with . (Attending Physician (AP)1) . of resident's status and family wishes and received an order for the resident to be sent to the emergency room for further evaluation and treatments. Emergency medical services was contacted at 08:47 AM and called the emergency room (ER) which reported to charge nurse .</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the survey, a telephone interview was conducted with Family Member (FM)2. Inquired about R166's physical presentation prior to the family requesting for the resident to be sent out to the ER. FM2 stated that R166 did not look good. He was struggling to breath, he looked pale, and was coughing a lot. FM2 recalled R166's oxygen level was low and nursing staff was attempting to administer oral medication to him. R166 was unable to swallow the medication, choked on a pill and did not attempt to administer medications or treatment to increase the resident's oxygen level other than increasing the amount of oxygen to 4 L. FM2 reported it was clear that he needed a higher level of care and they did not take action to transfer him to the ER and the family felt R166 needed to go to the ER because he was not doing good.</p> <p>On 11/15/24 at 11:26 AM, conducted a concurrent review of R166's EHR and interview with Registered Nurse (RN)3 in the Director of Nursing's (DON) office, with the DON present regarding the delay in providing a higher level of care for R166 on 10/07/24. RN3 reported R166 was not symptomatic and not using auxiliary muscles to assist the resident in breathing or struggling to breath despite the resident coughing a lot. RN3 reportedly provided treatment by increasing the resident's oxygen from 2 L to 4 L. RN3 confirmed she did not stay in R166's room after becoming aware of the resident's desaturation and attempted to administer medications to the resident and he was having difficulty swallowing the medication. RN3 stated R166 did not appear to be in distress or need to be transferred to the ER. However, members of R166's family who were present at the time wanted him to be sent out to the ER. DON confirmed the normal range for oxygen saturation is 90% to 100% and action should have been taken sooner than when R166's oxygen was increased to 4L with a 1% increase in oxygen saturation.</p>		