

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Palolo Chinese Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2459 10th Avenue Honolulu, HI 96816	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48351</p> <p>Based on interviews and record review the facility failed to ensure that one of the three sampled residents (Resident (R) 1) received treatment and care in a timely manner and in accordance with professional standards of practice. This failed practice has the potential to affect all the residents in the facility.</p> <p>Findings Include:</p> <p>R1 is a [AGE] year-old female admitted to the facility on [DATE]. R1 has medical diagnosis including but not limited to Moyamoya disease, heart failure, gastrostomy tube (feeding tube), aphasia (communication disorder) following cerebrovascular disease (condition that affects blood flow in the brain).</p> <p>A review of R1's Electronic Health Record (EHR) was conducted. R1's EHR noted that R1 was diagnosed with a fracture of the left upper arm on 07/12/24.</p> <p>Interview was conducted with R1's spouse on 07/25/24 at 11:50 AM. R1's spouse stated that he visits R1 every day except on Saturdays. During his visits he would normally perform range of motion exercise involving R1's upper extremities and lower extremities. During his visit on 07/09/24, R1's spouse noticed that R1's left upper extremity was limp. During that time, he did not report it to a staff member. During his visit on 07/10/24, R1's spouse had mentioned to Certified Nurse Aide (CNA) 1 that he had noticed R1's left arm was limp. R1's spouse was not sure if CNA1 had reported the change in R1's status to a licensed nurse. On 07/11/24, R1's spouse mentioned R1's limp left arm to a front desk staff. R1's spouse was not able to recall which front desk staff he had spoken to. On 07/12/24, R1's husband mentioned R1's limp left arm to Registered Nurse (RN) 1.</p> <p>Interview was conducted with CNA1 on 07/25/24 at 10:48 AM. CNA1 stated that R1's husband had mentioned that R1's arm was limp on 07/10/24. CNA1 did not mention it to a license nurse about the change in R1's condition.</p> <p>An interview was conducted with RN1 on 07/26/24 at 08:45 AM. RN1 stated that R1's husband had mentioned that her left arm was limp on 07/12/24 at approximately 02:30 PM. Before RN1 could assess R1, RN1 was notified by CNA2 that she observed bruising to R1's left upper extremity during a routine shower. RN1 assessed R1 and notified R1's physician. X-ray was ordered and R1 was diagnosed with a left upper arm fracture. RN1 stated that CNA1 should have reported the change in R1's status on 07/10/24, when R1's husband had initially reported it.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 125059
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview was conducted with Director of Nursing (DON) on 07/26/24 at 10:50 AM. DON stated that CNA1 should have reported to a licensed nurse right away after R1's spouse had mentioned her left arm being limp. DON added that a licensed nurse could have assessed R1's left arm earlier.</p> <p>Review of the facility policy titled, Notification of Resident Change of Condition, dated, 09/25/24 was conducted. The policy noted, Facility staff will report any observed or noticed changes in conditions for a resident to the RN on duty.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48351</p> <p>Based on observation, record review and interview, the facility failed to ensure staff members, including contracted staff, followed the proper use of personal protective equipment (PPE) for a resident under contact precautions (Resident (R) 1). This deficient practice encourages the development and transmission of communicable diseases and infections which may affect the health and safety of residents, staff, and visitors.</p> <p>Findings include:</p> <p>On 07/25/24 at 09:49 AM, observed Radiologist Technologist (RT) in R1's room. Observed the sign Contact Precautions for R1 with donning and doffing instruction on the door. The sign was not easily viewable due to the door being opened. Resident was observed to be lying in bed and RT prepared R1 for X-Rays on her left arm. RT was observed to move R1's blanket and arm to prepare. RT was not wearing a gown. Certified Nurse Aide (CNA) 1 was in the room helping R1's roommate, when RT asked for CNA1's assistance. RT asked if R1's side rail can come down. CNA1 adjusted R1's side rail to come down. CNA1 was not wearing a gown and returned aiding the roommate.</p> <p>On 07/25/24 at 10:01 AM, interview with Director of Nursing (DON) was done. Inquired if staff members should be wearing proper PPEs when entering a contact precaution's room despite care type, DON confirmed staff should be wearing gowns and gloves when any kind of care to residents under contact precautions.</p> <p>Review of R1's current care plan documented resident has left ear mastoiditis/left auricular cancer, Enhanced barrier precautions in place.</p> <p>Review of the facility's policy and procedure Contact Precautions dated 03/2024, documented the purpose To minimize exposure to potentially infectious materials via direct contact. The procedure included Wear a gown whenever anticipating that clothing will have direct contact with the resident or potentially contaminated environmental surfaces or equipment in proximity to the resident. [NAME] gown upon entry into the room or cubicle.</p>		