STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review and observation, the facility admission staff accessed one Resident's (R)1 external medical records from an acute care Hospital (H)1 through a portal/link used to facilitate referrals and admissions without R1's consent, after she left the facility against medical advice (AMA). As a result of this deficient practice, R1's rights were violated. Findings include: 1) R1 was an [AGE] year-old female, who was hospitalized at H1 from 03/23/2025 to 04/02/2025 for acute kidney injury, superimposed on chronic kidney disease. Her medical history includes chronic urinary retention requiring a suprapubic catheter (tube that drains urine from the bladder through the abdomen), recurrent urinary tract infections, bladder cancer and chronic pain. On 04/02/2025 she was discharged to the facility for short-term rehabilitation. On 04/03/2025, R1 left the facility without completing her care. Her daughter signed a Release of Responsibility Against Medical Advice (AMA), and took R1 home. 2) On 05/23/2025 at approximately 02:30 PM, interviewed Registered Nurse (RN5) in the conference room. RN5 worked in the admission office on a temporary basis. She explained that the facility had an Internet portal (H1 Link) with H1, to review medical records of patients that want to come to the facility for care after discharged from the hospital. RN5 explained that once a Resident has chosen the facility for post discharge care, the facility has access to part of their confidential medical records. She explained the admission staff also use the H1 Link to monitor Residents that were transferred to the hospital for a higher level of care and are expected to return to the facility after discharge. RN5 said she was aware that R1 left the facility AMA on 04/03/2025, and would not be returning. She went on to say on 04/04/2025, she accessed part of R1's Emergency Department medical records in H1 Link after she left the facility AMA. 3) On 05/23/2025 at approximately 03:00 PM, accompanied RN5 to admissions office, where she demonstrated the use of H1 Link. 4) Hospital (H)1 had a signed agreement with the facility titled H1's Link Access Agreement. This agreement included: A. The parties seek to facilitate the use of health information technology in an effort to improve continuity and quality of care through effective communication, ., while also maintaining patient data security and privacy. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6. HIPAA(Health Insurance Portability and Accountability Act (standards protecting health information from disclosure without patients' consents)) and HITECH (Health Information Technology for Economic and Clinical Health) Act. Entity (Facility) agrees to comply with the Health Insurance Portability and Accountability Act of 1996 .Entity assures that his employees and Authorized users are compliant with HITECH and HIPAA, and will monitor all use of H1's Link. Each authorized user of H1 Link executes a Confidentially and Use Agreement. Reviewed the user agreement titled .Link Confidentiality and Use Agreement Exhibit B, which included: 5. I acknowledge that by accessing the H1 Link, I may obtain confidential patient and clinical information including but not limited to electronic medical records in whole or in part (Confidential Information) and that such Confidential Information constitutes Protected Health Information under Health Insurance Portability and Accountability Act (HIPAA).I agree to access Confidential Information only for those individuals with whom I or the physician(s) for whom I work have an authorized treatment relationship. 5) Reviewed the facility policy titled Confidentiality of Personal and Medical Records Policy, last revised May 2024. The policy included: 2. Keep confidential is defined as safeguarding the content of information including .other computer stored information from unauthorized disclosure without the consent of the individual and/or the individuals' surrogate or representative. 10. Unauthorized persons are permitted to review records only with the signed permission of the resident or legal document allowing such access. Reviewed the facility policy titled Resident Rights, last revised 04/18/2024. The policy included: i. Be entitled to have their personal and medical records kept confidential and subject to release only as directed by HIPAA regulations. Reviewed the Admissions Coordinator Job Description last updated 09/22/2021. The essential duties/functions included Treats with confidentiality all information obtained; knowledgeable of all practices and policies concerning confidentiality of information with HIPAA. 6) When R1 left the facility AMA, there was no intent to return back to the facility, so there was no longer a treatment relationship. Any access to R1's medical records through the H1 Link after she left AMA, was a breach of confidentiality.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide Resident's/representatives with the name and contact information of the facility grievance official and did not inform them of the right to receive the findings of the investigation and conclusion in writing. In addition, three out of four Resident (R) grievances reviewed, did not include findings, conclusions or if any corrective action was, or would be taken. This deficient practice could affect all Residents because the facility does not provide them the required information for them to file a grievance, and obtain an acceptable resolution. Findings include: 1) On 05/22/2025 at 02:58 PM, interviewed the Administrator-in-Training (ADM) in the conference room. The ADM confirmed that the grievance official is the Administrator. A concurrent review of the policy, with a revised date of 02/15/2021 stated, 5. The resident or person filing/addressing the grievance .will be informed of the findings .Such report will be made orally by the Administrator or his designee . The ADM stated this was accurate. The policy did not state that the resident or person filing the grievance had the right to obtain a written decision regarding his or her grievance and did not include the name of a grievance official with his/her contact information. 2) On 05/22/2025 at 03:30 PM, the facility's admission Handbook was received and the Grievance Policy in the handbook, with a revised date of 02/2022, was reviewed. The policy stated, 5. The resident or person filing/addressing the grievance .will be informed of the findings .Such report will be made orally by the Administrator or his designee . The policy did not state that the resident or person filing the grievance had the right to obtain a written decision regarding his or her grievance. 3) On 05/22/2025 at 03:45 PM, a walkthrough was done at the facility's Ilima Wing in the [NAME] Building. No posting of the grievance official's name and contact information was located. 4) Reviewed R1's Grievance and Complaint report dated 04/03/2025 at 09:20 AM. The report included: Incident Description heading that .someone in the middle of the night had gotten into the bed with the patient . A review of the report demonstrated that an investigation was conducted by the facility. However, a summary of the internal investigation was not found. On 05/22/2025 at 12:05 PM, the ADM stated that the investigation was still open because the facility was waiting for the police investigator's conclusion. However, the police investigation is an external investigation and not part of the internal facility investigation. The report also did not include a statement whether the grievance was confirmed or not confirmed, any corrective action to be taken or to be taken by the facility because of the grievance/complaint, and no follow-up provided to the complainant. On 04/03/2025 at 02:41 PM, the Social Services Coordinator (SSC) noted in the progress notes, Daughter .expecting a call back with update. 5) Reviewed R2's Grievance and Complaint report dated 02/10/2025 at 04:34 PM, which included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Incident Description heading that R2 complained Registered Nurse (RN)4, .didn't respond to the [NAME] (alarm) alert on his [NAME] vest (wearable cardioverter defibrillator) timely and that the LN's (Licensed Nurse's/RN4) behavior is strange like she is on drugs. On 02/10/2025, the Assistant Director of Nursing (ADON) documented in the report that R2 mentioned Certified Nurse Aide (CNA)7 was lazy and while he was in the dining room, he saw CNA7 walking around the unit 11 times. On 02/11/2025, the ADON reported R2's concerns to the contracted Nursing Agency that employed RN4 and CNA7. However, a summary of the facility's internal investigation and monitoring of RN4 and CNA7 was not documented. On 05/03/2025 at 09:15 AM, the ADON stated that if a performance issue is received for an agency staff, the facility will email the Agency regarding the issue. ADON then stated the Director of Nursing (DON), ADON, Infection Preventionist (IP), and Nurse Managers do discuss the issues, but it is not documented. The report also did not include a statement whether the grievance/complaint was confirmed or not confirmed and any corrective action taken or to be taken by the facility because of the grievance/complaint. 6) Reviewed R4's Grievance and Complaint report dated 03/10/2025 at 04:49 PM, which included: Incident Description heading, Received email from resident's Family Member (FM)1 .newly assigned CNA (CNA8) being too rough and being scared to be alone with her. On 05/22/2025 at 02:48 PM, the ADM was interviewed. The ADM stated that it was determined it was a transferring issue and the outcome was to not have CNA8 work any further shifts, which was communicated via email to FM1. The report did not include a summary of the investigation, the corrective action taken by the facility, or the communication to FM1 as stated by the ADM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interviews and record review, the facility failed to provide protections for the health, welfare and rights of each resident residing in the facility by developing and fully implementing policy/procedures to prohibit and prevent abuse, neglect, exploitation of residents, and misappropriation of resident property. Specifically, the facility did not (1) include how the facility would ensure contract/agency caregivers who provide care on behalf of the facility would receive the required training elements, and (2) four of a sample size of six contracted Nursing Assistants did not have evidence of the required training. As a result of this deficiency, the facility can not ensure contracted staff have the required knowledge to recognize and prevent abuse, which may result in negative outcomes. Findings include: 1) Reviewed the facility policy titled Abuse, Neglect, Mistreatment and Misappropriation of Resident Property last revised date of 02/26/2024. The policy included: a. Employee screening and training .v. All new employees/volunteers will receive training on the abuse policy prior to direct or indirect resident contact. vi. All new employees/volunteers will be oriented to the Abuse Policy and made aware of their responsibility to report any suspected maltreatment as defined and described in this policy. vii. Attendance at a yearly in-service on the Abuse Policy and on Resident Rights is mandatory for all employees/volunteers. B) Training Components: It is the policy of this facility to train employees, through orientation and on-going sessions on issues related to abuse and prohibition practices. Staff and volunteers receive education about resident mistreatment, neglect, and abuse, including injuries of unknown source, exploitation and misappropriation of property upon first employment and annually after that, incorporating the following elements: - orientation and ongoing programs - Training on the abuse policies and procedures - How to deal with aggressive and catastrophic reaction of residents - How to report abuse without fear of reprisal - Recognizing the signs of burnout, frustration, and stress - Training about challenging behaviors and how to intervene - Communication of reports of resident mistreatment, neglect, and/or abuse. including injuries of unknown source, and misappropriation of property. - How to identify residents at risk of neglect or abuse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Resident [NAME] of Rights - Review of facility abuse policies and procedures - Annual notification of covered individuals of their obligation to comply with reporting requirements. - Immediate Action to an Abuse or Suspected Abuse: Any employee who witnesses potential abusive behavior is required to intervene to end such behavior and protect the health and welfare of the resident. - (S) Stop the abuse from happening. (P) Protect the resident. (O) Oust /Remove the alleged abuser from the residents out of all resident areas (T) Tell the Charge Nurse/On Call Manager immediately. Procedure: A. Staff and contracted individuals will be taught the signs and symptoms of staff burnout. The facility policy does not address the training requirements for contract/agency staff, with the exception of training to identify staff burnout. 2) The Human Resource Director (HRD) reported that the facility supplements staffing with contract/agency staff, and as of 05/23/2025, 22% of the licensed nurses are contract, and 28% of the Nurse Assistant staff are contract. 3) Reviewed a sample of contract profiles for education on abuse. The review revealed the following: CNA1, employed by Agency (A)6, had documentation of completing Relias training through the agency on 08/21/2024. Further investigation revealed there were five abuse questions, which CNA1 scored only 40%. Two questions were related to Child abuse, and one on Intimate Partner Violence. This would not be an acceptable content/score to validate competency and would not meet the required training elements. CNA4, employed by A1, agency documents included a Quiz completed by CNA4 on 12/19/2022. The quiz consisted of six true or false questions, which was not corrected/graded. False was circled as the correct answer for the first question; Patients have the right to be free from mental, physical, sexual, and verbal abuse. At the bottom of the quiz, there was a signed statement, that read I have completed the in-service training for Patient Abuse and/or Neglect and understand my responsibility to report any knowledge of abuse, neglect, or exploitation of any patient to the Agency Administrator or Designee. This would not be acceptable validation that training requirements are met. CNA5, employed by A4 had documentation of an exam titled Core Concepts in Healthcare-Nursing, completed 01/08/2025, which included one question on Elderly Abuse, that CNA5 got correct. There is no other documentation of training on abuse. This would not meet the required training elements. CNA6, employed by A2 had document of training titled Abuse and Neglect, which included signs of physical abuse, signs of neglect, signs of sexual abuse, and signs of psychological abuse. This training did not cover all the required training elements. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4) On 05/23/2025 at 12:45 PM, interviewed the ADON in the conference room. She discussed the CNA orientation checklist and said all contract CNA's should have a completed checklist in their file. She explained each contract CNA will have a preceptor assigned that is to go over the checklist with them. ADON went on to say the staff will either verbally test the contract CNA or they we will ask them to demonstrate a skill for competency. She said sometimes the preceptor does not have time to sign the checklist, so she will sign it instead of the preceptor. ADON acknowledged she signs for demonstrations which she did not actually observe. Inquired what training they were provided on abuse, and she said they go over STOP, but do not do any other specific training on abuse. The ADON stated the Agency would provide the rest of abuse training. When asked if the Agency included types of abuse, sand signs and symptoms, she stated I don't go over it, maybe its in their agency training. On 05/22/2025 at 12:00 PM, interviewed the Administrator in Training (ADM) and the Chief Executive Officer (CEO) in the conference room to discuss contract training. The ADM said when they contract with then, they will send over a credential packet that includes training they have completed with the Agency, prior to coming to the facility. He said some of them use the same online educational modules, Relias, that would have similar content. He said they use a lot of agency staff at the facility, so when someone starts, they use an onboarding checklist, as well as they would attend any monthly in-services. The ADM said one of the Agencies (A)1 have new, inexperienced CNA's, so the facility provides them the same orientation as their own staff. At that time, informed the ADM and CEO that some of the contract CNA packets reviewed did not have evidence the Agency provided abuse training that included all the required elements. On 05/22/2025 at 01:20 PM, interviewed Human Resource Director (HRD), who assists with arranging contract staff. She said when the contract staff packet arrives, they review the packet to ensure the background checks, registry checks and all required documents are there. The HRD said she does not get involved with the details of the Facility agreements with Agencies, and did not know specifics of what each agency included in their abuse education. She said that would be up to Nursing to review. 5) Reviewed seven contracts the facility used for supplemental staffing. The contracts were reviewed for content for any details related to abuse training. The document review revealed the following: A1 Service Agreement (signed 12/19/2024) This agreement does not address client (facility) orientation or required training by agency prior to placement. A2 Staffing Agreement (signed 04/30/2021): A2 responsibilities: .b. Upon request provide .skills assessments . Client responsibilities: c. Orient personnel to CLIENT facilities and its rules and regulations, .Allow personnel, on their own time, to attend appropriate facility staff development programs. A3 Service agreement (signed 04/04/2025): (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Customer (facility): Number 8 addresses training to comply with OSHA (Occupational Safety Health Administration), to protect workers from hazards and injuries, and requires the facility to train to their specific policies for compliance. There was nothing in the agreement regarding training for abuse. A4 Client Services Agreement (signed 06/06/2022) A4's Responsibilities: 1.shall conduct and supply .skills checklist, application, education, . Facility responsibilities: 7. Client (Facility) shall orient Personnel to its facility, including its rules, regulations, policies procedures . The length and extent of orientation shall be determined by Client. A5 Client Staffing Agreement (signed 08/22/2019): 6. Client orientation. Client will provide AGENCY personnel with an orientation to CLIENT specific policies and procedures and processes necessary to equip AGENCY personnel with the knowledge necessary to meet CLIENT expectations for personnel. A6 Staffing Agreement (signed 12/29/2022): Client Duties and Responsibilities: (e) .provide Assigned Employees with appropriate orientation, education, training regarding Client's facility, rules, regulation, policies and procedures; This agreement included a Credentialing Verification and Screening Requirements that included skills checklist. A7 Professional Contract Agreement (signed 06/25/2020): The agreement provided does not address any orientation or abuse training.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, document and record review (RR) the facility failed to report to authorities an allegation of potential abuse of one Resident (R)1 of a sample of one. R1 reported she woke up with someone lying next to her in bed. The facility did not identify this incident as potential abuse, and failed to report the allegation to the Office of Healthcare Assurance (OHCA), Adult Protective Services (APS), or the Police. As a result of this deficiency external agencies investigations were delayed and the facility failed to meet their mandated reporting requirements. Findings include: 1) On 05/19/2025, OHCA received a report from an external agency of an allegation of sexual abuse of an [AGE] year-old female that occurred at the facility by an unknown perpetrator The report included on 04/02/2025 (time not provided), AV (alleged victim) was sleeping and she awoke after she felt AP (alleged perpetrator) laying next to her. When AP found out that AV was awake, AP slid off AV's bed and left AV's room quietly.AV felt her undergarment and stated it was pulled down. 2) Record review revealed R1 was an [AGE] year-old female, who was hospitalized at hospital (H)1 from 03/23/2025 to 04/02/2025 for acute kidney injury, superimposed on chronic kidney disease. Her medical history includes chronic urinary retention requiring a suprapubic catheter, recurrent urinary tract infections, bladder cancer and chronic pain. On 04/02/2025 she was discharged to the facility for short-term rehabilitation. 3) Reviewed the facility policy titled Abuse, Neglect, Mistreatment and Misappropriation of Resident Property last revised date of 02/26/2024. The policy included: The Nursing Home Administrator or designee will report abuse to the state agency per State and Federal requirements. (See State Agencies to be notified for State Specific requirements). Law Enforcement: All reports of suspected crime and/or alleged sexual abuse must be immediately reported to local law enforcement to be investigated. The follow up investigation notes will be submitted .to OHCA within five working days of initial report. The Director of Nursing, or designee, will promptly report (orally or in writing) the matter to : 1. Department of Health, State Office of Health Care Assurance (OHCA) 2. Adult Protective Services or Child Protective Services 3. Med-[NAME]. State Agencies to be Notified: a) Adult Protective Services (APS) .APS will be called promptly, . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4) On 05/21/2025 at 01:30 PM, interviewed the Social Services Coordinator (SSC) in the conference room. She said when there is an abuse allegation, nursing is responsible to report to the State (OHCA) and Social Service reports to APS. The SCC said if there is concern for the safety of the resident, the police would also be notified. She said she was notified by the ADON (Assistant Director of Nursing) of the incident, and was told R1 said a female staff got in bed with her, pulled down her brief and spooned her for 10 minutes or so and left. SSC said she did not report the incident to APS. On 05/22/2025 at 09:45 AM, interviewed the ADON in the conference room. At that time asked her what authorities are required to be notified if there is an allegation of sexual abuse. She said if they were aware that a crime was committed, they would notify the police, but that she was not aware of any crime in this incident. The ADON went on to say OHCA would be notified if there was a confirmed allegation. The ADON stated I had no idea that there was an alleged abuse. When asked what R1 told her, she said, In the middle of the night, a female laid next to her. Pulled her brief down and pulled it back up. The ADON said she thought maybe this occurred during patient care, and that R1 didn't say she was touched in anyway. The ADON said the daughter was very concerned, and requested the facility review camera surveillance. Asked the ADON if she offered to call the police, and she said No, I don't think so. When asked why the incident was not reported to external authorities, she said there was no indication there was anything sexual or that she was touched. She went on to say that those words (sexual) were used only after they R1 left the facility. The ADON said she thought the allegation was strange, but it did not make her think it sexual abuse. On 05/22/2025 at 10:15 AM, interviewed Registered Nurse (RN)1 in the conference room. RN1 said she was a travel nurse and assigned to R1 day shift 04/03/2025. She said that morning R1 used the unit cell phone to call her family, and told her daughter someone got into bed with her. She said the conversation was confusing and she was unable to clarify the timeframe when this occurred. RN1 said R1 denied any other touching. When inquired what her thoughts were regarding the incident based on her training, she said R1 was not oriented to her surroundings, so would not be able to immediately determine how accurate her allegation was, but given the circumstances, and how serious the situation was, it would require a full investigation and reporting to the authorities. On 05/22/25 at 12:00 PM, conducted an interview with the Administrator in training (ADM) and the Chief Executive Officer (CEO) in the conference room. The ADM said the allegation was being handled as a grievance. He said the next day, he was notified by a detective, requesting the video for evidence, because the daughter reported sexual assault. The ADM said they were aware R1 had been taken to the Emergency Department of two hospitals for examination on 04/03/2025. When inquired why the facility did not notify APS and OHCA, he said because the initial investigation didn't find anything. The CEO said she felt it was the hospitals responsibility to notify APS because the sexual allegation came forward after R1 was discharged from the facility. The CEO said she did not feel this incident was a sexual allegation or potential assault, because what R1 described was nursing care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interviews, observation, record and document review, the facility failed to thoroughly investigate one alleged abuse of a sample of one, reported by Resident (R)1. Specifically, the facility did not; 1) interview R1's roommate, and all staff working, 2) summarize the findings of review of the video surveillance, and 3) document the results of their independent, internal investigation and report them to the Office of Healthcare Assurance. As a result of this deficient practice, there is the potential important information is missing from the investigation, necessary to determine the outcome. Findings include: 1) Cross Reference F609 Reporting of Alleged violations: R1 reported to the facility she woke up with someone lying next to her in bed. The facility did not identify this incident as potential abuse, and failed to report the allegation and results of their internal investigation to the Office of Healthcare Assurance (OHCA). 2) Reviewed the facility policy titled Abuse, Neglect, Mistreatment and Misappropriation of Resident Property last revised date of 02/26/2024. The policy included: a. Investigation of abuse : .The investigation will include: .iii Resident's roommate statements (if applicable). 3) Reviewed the documentation of the investigation provided by the Administrator in Training (ADM). The individual assigned to lead the investigation was the Assistant Director of Nursing (ADON), who was on duty and notified when R1 made the allegation that someone laid in bed with her. The notes of the investigation were documented electronically in Grievance and Compliant, with entry dates, but no times. The notes were not in sequential order. The document included, but not limited to the following: 04/03/2025 Part 1: Writer (ADON) interviewed resident in her room. She stated the lady jumped in bed. She was sleeping and this lady lied down next to her and pulled down her brief without saying one word. Brief down to her upper thigh and she was exposed. Resident stated that she pulled the brief right back up. Resident denied anything else happened. 04/03/2025 Part 2: .Resident (R1) said she was afraid and did not report it to anyone.Resident was very confident that she could identify the staff. Daughter requested to check the cameras to see who entered the room. 04/03/2025 Part 3: .checked the video clips. 04/03/2025 Part 4: The ADON showed R1 pictures of six staff members, who she did not identify as the person who got in bed with her. 04/03/2025 Part 5: The ADON showed R1 another picture, who she did not identify as the person. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04/04/2025. Reviewed findings with Medical Director. Met with Detective. 04/23/2025: HPD (Honolulu Police Department) Detective coming in today for further investigation . 05/19/2025: Emailed Detective .if there are any further follow up .or if case is closed. 05/20/2025: APS investigation. This document also included statements from several staff, but did not have a time documented and did not specify if the statement was written or statement made during an interview. Some of the dates on the statement entries were 04/09/2025, which is six days after the allegation was made. The facility provided on request seven separate handwritten/typed staff statements. Review of the statements revealed two were dated, three did not have dates the statement was written, and two were dated 04/09/2025. 4) On 05/22/2025 at 09:45 AM, interviewed the ADON, who was lead for this investigation, in the conference room. She said she was the nursing leader that was notified that day. The ADON said the nurse had already assessed R1, so when she arrived to the room, she interviewed R1, and stayed with her until her daughter arrived. The ADON said usually they do interviews of staff who worked at the time of the incident, pinpoint the shift or person, but do a wider investigation if needed. The ADON said sometimes they would ask for written statements. She said they would interview other Residents if they witnessed the incident. When inquired if they would interview other residents that an alleged perpetrator had provided care to, she said no. She said that the person who does the interview or gets other pertinent information, documents it in the IR (incident report), which is the running document of the investigation. The ADON said the electronic IR does not automatically time stamp entries and for some reason, it does not show the entries in consecutive order. On 05/22/2025 at 10:15 AM, interviewed RN1 in the conference room. She said she was assigned to R1 on day shift 04/03/2025. RN1 said when she interviewed R1, she was unable to clarify the timeframe of the alleged incident. RN1 said R1 denied being touched, other than someone laid next to her in bed. She said at that time, she checked R1 and looked for redness, and bruising to her legs, upper arms, and chest. She said she did not see anything. RN1 said she did not look at or assess R1's lower abdomen or pelvic area. On 05/22/2025 at 12:00 PM, conducted an interview with the ADM and the Chief Executive Officer (CEO) in the conference room. The CEO said they were contacted by a detective the next day. She went on to say what had been described to her was that R1 was confused and someone went into the room and probably changed her brief. The CEO said the conclusion of the investigation was that it was nursing care that was provided. She said she knew the RN tried to do an head to toe assessment after it was reported, but was unable to complete one. 5) The document of the investigation did not include the following: - An interview with R1's Roommate. - A written statement or interview with three CNA's (CNA1, CNA2, and CNA9) and RN6, who had been assigned to the unit during that period of time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125059	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palolo Chinese Home	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- A summary of the findings of the surveillance camera review to include possible correlation with staff statements and interviews. - The facility's summary and conclusion of the investigation.