

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER Kauai Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9611 Waena Road Waimea, HI 96796	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview and record review, the facility failed to protect the rights of one Resident (R) 198 of one resident sampled by ensuring the resident was treated with respect and dignity. R198 was receiving therapy from a staff member who spoke to her in a manner that R198 felt was disrespectful and demeaning, leaving R198 very upset. Findings Include: Facility Reported Incident (FRI) reviewed on 07/09/25 at 12:17 PM, intake #11576 for an incident that occurred on 03/12/25 at 02:41 PM involving a Physical Therapist (PT) 5 and R198. R198 reported to the facility staff that she was made to feel uncomfortable by PT5 regarding the way she spoke to her. R198 stated I was going to the toilet, and she came into my room and opened the curtain and stated, you are going to do therapy today, R198 told the PT5 that she was given a water pill and now must go to the bathroom more often. R198 stated that PT5 said you are always crying wolf, every morning you have an excuse. R198 said this is not the first time this has happened, but she did not want to say anything to get anyone in trouble. And said, I feel threatened by her and do not want to do therapy. The Nurse Practitioner, (NP), Medical Director (MD) and Inter-disciplinary team (IDT) made aware of the incident. Facility investigation report reviewed on 07/09/25. The facility responded by placing PT5 on leave immediately, reported to MD, Administrator, and the State Agency (SA). Adult Protective Services (APS) was notified on 03/12/25 of an allegation of verbal abuse. The resident was reassured of her safety. An investigation was completed that included interviews with PT5, and the Charge Nurse, (CN) that was on duty. PT5 was interviewed by the [NAME] President and Regional Directors of Therapy Operations and provided with training on professional conduct, patient rights, and abuse prevention. PT5 concluded by stating she had no idea the resident was feeling this way at all and felt horrible about this, did not recall having any type of disagreements with the resident and continued to work things out with her. She supported the resident by continuing to encourage self-directed, resident choice and preference during her care. Concurrently, other staff and residents along with family members were also interviewed, no other reports received, observed or witnessed with or by residents, witnessed with other staff members or by family members. All other residents interviewed stated they felt safe, no residents reported being harmed. Follow up interview made by the Social Services Director (SSD) with R198. R198 expressed that she (PT5) talks like the mainland, and it is hard for her to comprehend when she told her You're crying wolf, and thinks she needs to learn the ways in Hawaii. The resident was reassured that while it was not the intent of PT5 to offend her, it was not acceptable behavior or an acceptable practice of the staff here at the facility, R198 agreed and verbalized appreciation for all services received. R198 continued to state that she felt safe, was agreeable to continue to work with PT5 and all staff at the facility and will reside at the facility until she completed her short-term rehabilitation prior to returning to home, and verbalized understanding of her and all residents' rights of confidentiality and to report any further issues. R198 was placed on alert charting to monitor mood and behavior for possible psychological distress and signs and symptoms of psychological harm, the SSD made rounds on R198 to assess her emotional status and provide reassurance. Based on their investigation, the facility determined abuse did not occur. The facility concluded this was a misunderstanding of their standards of performance regarding acceptable customer service. The incident was reviewed by the Interdisciplinary Team (IDT) and it agreed immediate disciplinary action, training and a contingent performance plan was warranted. Random observations between 07/07/25 and 07/10/25 included interactions between PT5 and multiple residents in the Lokahi wing before, during and after therapy sessions. PT5 was observed to engage with the residents with a kind, caring and respectful manner. Observation and interview during a resident council meeting in the Lokahi dining room on 07/09/25 at 10:26 AM. The following residents were present: R3, R6, R14, R24, and R30. When asked if any staff treated them disrespectful or abusive. They all responded, no and that it is good here. They agreed that some of the staff are more friendly than others but they feel that the staff treat them well. On 07/10/25 at 10:07 AM, Administrator interviewed during the Quality Assurance Performance Improvement (QAPI) meeting in the conference room. When asked to explain the process that was put in place to ensure how the residents in the facility are provided with dignity and respect, and how the facility will monitor the effectiveness of the PIP, the Administrator explained that education of all the facility staff was included in the PIP. The staff education and sign in documents were reviewed. The Administrator discussed the PIP and provided a copy for review. The Administrative rounds were done weekly on 3/21/25; 03/24/25; 03/31/25; 04/07/25; 04/14/25; 04/22/25. No negative interactions were observed. Resident Rights Policy revised dated 11/2016 reviewed on		