| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 125065 | A. Building<br>B. Wing | 02/27/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Legacy Hilo Rehabilitation & Nursing Center | 563 Kaumana Drive<br>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) |
|---|---|
| F 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record and document review, the facility failed to develop and implement a discharge plan for the transition of post discharge care for one Resident (R)107 of a sample size of three. R107 had an indwelling urinary catheter (a medical device that helps drain urine from your bladder) at the time of discharge. The facility was not able to provide evidence that the Care Giver (CG) had the capacity, capability, or received education on how to preform catheter care. As a result of this deficient practice, there was increased risk of infection and complications related to the urinary catheter. This deficient practice could affect any discharged resident if the CG is not properly trained and capable to provide the after care needed. Findings include: On 12/10/25, the Office of Health Care Assurance received a report of concern that R107 did not have the resources needed after discharged home from the facility. It was reported that R107's CG could not safely manage the urinary catheter, which put her at increased risk of developing a urinary tract infection. R107 was a [AGE] year-old female admitted to the facility for short term rehabilitation due to generalized weakness on 08/26/25 after an acute care hospitalization. Prior to being hospitalized , she lived with her son, who was her support person and assisted her with her needs. R107's medical history included diabetes, spinal stenosis, chronic back pain, muscle weakness and abnormalities in gait and mobility. She had end stage renal disease and on dialysis. R107 was cognitively intact, was able to walk using a front wheel walker with CG assist and was totally dependent on staff (two-person assist) for transfers, requiring a mechanical lift (equipment used to transfer patients safely). While at the facility, she developed urinary retention and required an indwelling urinary catheter. The urinary catheter was not removed and was in place when she went home. R107 was discharged home on [DATE] with her son, who was the designated CG. Reviewed R107's nursing progress note dated 11/23/25 at 13:21, which included Resident discharged home with son, to be followed up by primary care provider as well as have home health services provided.son at bedside during dc (discharge) process. Resident transferred to son's car with staff assist. Per resident and resident's son will be able to transfer her out of vehicle upon arriving home.Education/Training Response as indicated: n/a.(not applicable) . There was no documentation that the CG was educated to manage the care of the Foley. On 02/27/26 at 11:00 AM, interviewed the Social Services Assistant (SSA), who reviewed R107's notes and contacted the Social Worker (SW) by telephone to inquire about the CG training. The SW said the vendor that delivers the mechanical lift does the CG training when they bring the equipment to the home, but he did not know if nursing provided the education on catheter care. He said the son had taken care of R107 prior to being hospitalized , but acknowledged R107 did not have a urinary catheter at home, prior to admission to the facility. On 02/27/26 at 12:30 PM, during an interview with the Administrator, she confirmed it was nursing's responsibility to assess what training the CG needed, provide and document the training. In addition, they should document the CG was willing, capable and had the<br><br>(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 0627<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | capacity to provide the care to ensure the Resident's needs will be met. The facility failed to provide evidence of the CG training on Foley care. |