

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Kalakaua Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1723 Kalakaua Avenue Honolulu, HI 96826	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to implement the facility's infection prevention and control measures for Legionnaire's Disease by not monitoring and testing for concentration of hydrogen in a solution (pH) levels in five sinks and showers per floor once a month, not monitoring and testing for presence of Legionella from decorative water fountain in front of facility, and not performing ice machine preventative maintenance once a month. This deficient practice placed everyone at risk for growing and spreading Legionella or other opportunistic waterborne pathogens and other adverse health complications. Findings include: On 12/16/25 at 1:26 PM, concurrent interview, observation, and record review was done with Maintenance. Observed maintenance check water sample from first floor bathroom sink for pH, and chlorine level using a test strip and thermometer to check for water temperature. Monthly Potable Waterlog dated, 08/29/24 to 11/26/25 indicated that testing and monitoring for pH, chlorine, and temperature was only done from the first floor. Water Temperature Log indicated that water temperature was checked and monitored from all floors once a day. When asked Maintenance if facility needed to be tested and monitored for pH and chlorine level in five sinks and showers on all floors, he concurred that all floors should also be tested, monitored, and documented. On 12/16/25 at 02:02 PM, a tour of the decorative water fountain and an interview was conducted with Maintenance. He explained that water pump was turned off on 12/14/25 and when asked if facility is supposed to test water fountain for Legionella once a year, he stated, Yes, that should be tested on ce a year as stated in facility's Water Management Program. On 12/18/25 at 10:05 AM, an interview was conducted with Infection Nurse and Director of Facilities. When asked if testing and monitoring should have been done on all floors for pH, chorine and water temperature, and testing decorative water fountain where Legionella and other opportunistic waterborne pathogens can grow and spread, both answered, Yes, that should have been done. Review of the facility's policy and guidelines for implementation was reviewed on 12/18/25 titled, Infection Prevention & Control Legionnaires' Disease directed the staff to complete the following, .Table 22: Potable Water System Monitoring Frequency.pH Monitoring.Test pH [NAME] in 5 sinks/showers per floor.Frequency.Monthly.Legionella Testing.Potable water log.Frequency.Annually.Table 51:Decorative Water Feature Maintenance Protocols.Frequency of cleaning and disinfecting.Daily.Table 52: Decorative Water Feature Legionella Testing.Will Legionella culture testing be performed.Yes.Responsible party for Legionella sample collection.Maintenance.Table 55: Machine Maintenance Protocols.How often ice machines cleaned?.Description.Monthly.</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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