

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: 125069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2026
NAME OF PROVIDER OR SUPPLIER Hale Ola Kino by Arcadia		STREET ADDRESS, CITY, STATE, ZIP CODE 1314 Kalakaua Ave Second Floor Hon, 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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and record review, the facility failed to ensure staff followed infection prevention and control measures. Specifically, the facility did not ensure shared medical device was disinfected after use and before used on another resident. This deficient practice placed the residents at risk for the potential spread of infections and communicable diseases. Findings include: On 06/25/26 at 07:35 AM, followed Licensed Practical Nurse (LPN)12 for the morning medication pass. At 07:48 AM, observed LPN12 take the shared equipment used to check blood pressures into Resident (R)12's room. LPN12 then [NAME] the equipment out of the room and placed it next to the medication cart without wiping it. At 08:30 AM and 08:56 am, LPN12 used the same equipment to check the blood pressures of R7 and R28 without wiping the equipment prior to and after use. On 06/25/26 at 02:05 PM, an interview was conducted with the Infection Preventionist (IP) in her office. Shared above observations of staff not wiping the equipment used to check blood pressures for three different residents. IP said that all shared medical equipment are to be cleaned with disinfecting wipes between use and before using it if they did not observe the last staff that used the equipment clean it. Review of facility's Infection Control policy dated 06/2026 under Cleaning of Shared Equipment stated, . All medical equipment which is shared between residents shall be cleaning [sic] with soap and water or other appropriate cleaner and then disinfected prior to and again after its use on another resident.		

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: 125069	Facility ID: 125069 If continuation sheet Page 1 of 1