

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2017</b>
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NAME OF PROVIDER OR SUPPLIER  
**HALE NANI REHABILITATION AND NURSING C**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1677 PENSACOLA STREET  
HONOLULU, HI 96822**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	11-94.1 Initial Comments  A re-licensing survey was completed from 07/25-28/2017. At the entrance conference there were 278 residents on the facility's census. The facility had an existing waiver for 18 multiple resident bedrooms that did not meet the measurments for 80 square feet per resident.	4 000	Submission of this response and plan of correction is not a legal admission that a deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employees, agents or other individuals who draft or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute admission on agreement of any kind by the facility of the truth of any acts alleged of the correction of any conclusions set forth in the allegation by the survey team.	
4 086	11-94.1-11(f) Waiver  (f) Any waiver granted pursuant to this section may be renewed on the same terms and conditions on which the waiver was initially granted, for a period not exceeding one year, provided that:  (1) The request for renewal has met all of the conditions specified in the immediately preceding waiver; and (2) The request for renewal and the waiver issued in response to that request shall provide for the protection of the health, safety, and welfare of the resident(s) in a manner that is consistent with the terms of the immediately preceding waiver at its expiration.  This Statute is not met as evidenced by: Based on interview with the DON, the facility was in the construction process to decrease the number of bedrooms that required a waiver for being less than 80 square feet per resident in multiple resident bedrooms.  Findings include:  During the entrance conference, the DON stated that construction started on July 20, 2017 for 3 additional semi-private rooms. These 3 rooms were being added to the Pensacola building 3rd	4 086	The Plan of Correction shall constitute the facility's credible allegations of compliance.	

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Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]*

TITLE  
*[Handwritten Title]*

(X6) DATE  
**9/6/17**

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4 086	<p>Continued From page 1</p> <p>floor and the Lewalani building 1st and 2nd floors. The facility had a waiver for 18 rooms that did not meet the 80 square feet per resident in multiple resident bedrooms requirement as listed here:</p> <p>Pensacola 1 wing: Room 102 for 3 residents = 215 sq. ft. Room 103 for 3 residents = 213 sq. ft. Room 106 for 3 residents = 214 sq. ft. Room 107 for 3 residents = 213 sq. ft. Room 110 for 3 residents = 215 sq. ft. Room 111 for 4 residents = 273 sq. ft. Room 112 for 3 residents = 210 sq. ft. Room 113 for 4 residents = 270 sq. ft. Room 116 for 3 residents = 213 sq. ft. Room 117 for 3 residents = 215 sq. ft.</p> <p>Pensacola 2 wing; Room 202 for 3 residents = 212 sq. ft. Room 203 for 3 residents = 213 sq. ft. Room 206 for 3 residents = 213 sq. ft. Room 207 for 3 residents = 212 sq. ft. Room 211 for 3 residents = 213 sq. ft. Room 214 for 3 residents = 213 sq. ft. Room 215 for 3 residents = 213 sq. ft. Room 218 for 3 residents = 213 sq. ft.</p> <p>The facility's letter dated 7/13/17, to the State office provided that the facility would start construction on 07/20/17 for the 3 additional semi-private rooms, which would reduce the room waiver request from 18 to 12 rooms not meeting the 80 square feet per resident in multiple resident bedrooms.</p> <p>The DON stated that the facility would apply for a waiver for the existing 12 bedrooms that did not meet the measurement of 80 square feet per resident in multiple resident bedrooms.</p>	4 086	<p>1) The Administrator requested a waiver from the Office of Health Assurance Medicare Certification. Currently, the following (18) resident rooms do not meet the 80 square feet requirements:</p> <p>Pensacola 1 Wing - RM #102 for 3 residents = 234.78 Sq. Ft. RM #103 for 3 residents = 235.94 Sq. Ft. RM #106 for 3 residents = 235.34 Sq. Ft. RM #107 for 3 residents = 236.59 Sq. Ft. RM #110 for 3 residents = 237.14 Sq. Ft. RM #111 for 4 residents = 294.74 Sq. Ft. RM #112 for 3 residents = 232.86 Sq. Ft. RM #113 for 4 residents = 292.44 Sq. Ft. RM #116 for 3 residents = 236.5 Sq. Ft. RM #117 for 3 residents = 234.5 Sq. Ft.</p> <p>Pensacola 2 Wing - RM #202 for 3 residents = 225.69 Sq. Ft. RM #203 for 3 residents = 227.4 Sq. Ft. RM #206 for 3 residents = 221.13 Sq. Ft. RM #207 for 3 residents = 230.42 Sq. Ft. RM #211 for 3 residents = 230.22 Sq. Ft. RM #214 for 3 residents = 225.69 Sq. Ft. RM #215 for 3 residents = 223.84 Sq. Ft. RM #218 for 3 residents = 224.04 Sq. Ft.</p> <p>2) Other residents' rooms throughout the facility were measured with no deficiency noted.</p> <p>3) The Administrator has requested a new waiver from the Office of Health Care Assurance on 9/1/17.</p> <p>4) Continue to follow new waiver request from the Office of Health Care Assurance annually.</p> <p>5) Plan of Correction will be accomplished by 9/30/17.</p>	9/30/17

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4 115  4 115	<p>Continued From page 2</p> <p>11-94.1-27(4) Resident rights and facility practices</p> <p>Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:</p> <p>(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;</p> <p>This Statute is not met as evidenced by: Based on resident interview, observation and staff interview the facility failed to treat and care for the resident in a manner that promotes privacy and dignity for 3 of 41 residents on the survey sample.</p> <p>Findings include:</p> <p>1) On 07/25/2017 a confidential interview was conducted. The resident stated that sometimes I have to move my bowels on the shower room floor, there is no commode under the shower chair and no toilet in the shower room. The resident further stated the staff tell me to go to defecate on the bathroom floor.</p> <p>On 7/27/17 at 8:32 A.M., observation of the shower room found two shower chairs in the room that did not have plastic commode buckets under the seat.</p>	4 115  4 115	<p>1.1) CNA who transported resident #290 was re-educated on draping resident for transport to the shower room. Resident #290 was visited by DON on 8/29/17. Resident stated that he will go to the shower room in his wheelchair and will be undressed/dressed in the shower room.</p> <p>1.2) Resident #241 was assessed by Licensed Nurse (LN) on 7/30/17 and there were no indications of any psychological concerns about the stated deficient practice by the CNA. In addition, the Unit Manager re-educated the CNA on our facility's standard of practice of addressing each resident with dignity and respect in full recognition of resident's individuality on 7/26/17.</p> <p>1.3) Resident confidential interview was not named.</p> <p>2) Residents residing in the facility have the potential to be affected. Unit Managers (UM) assessed residents and identified who can be transported to shower rooms via wheelchair and developed an updated list for CNAs. Residents that are able to assist with transfers will be transported to shower room via their wheelchairs and be dressed and undressed in the shower rooms. Other residents will be covered with 2 shower blankets/ponchos on their way to the shower room.</p>	<b>9/30/17</b>

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4 115	<p>Continued From page 3</p> <p>At 8:44 A.M., during an interview with Staff #224 stated that sometimes the residents have accidents while showering. The white shower chair comes with a white bucket that is placed under the seat in case the resident needs to have a bowel movement. The blue shower chairs aren't designed with a bucket so a plastic liner/ bag is placed under the seat in place of the bucket. Subsequent observation with Staff #224 found the shower room was not equipped with plastic liners or a trash can.</p> <p>2) On 07/27/2017 at 10:12 A.M., R#290 was observed being wheeled on a shower chair from his room to the shower room. The resident was draped with linen and passed by 3 residents that were seated in front of the nurses station. The drape only partially covered the resident, leaving the right thigh and buttock exposed. At 10:23 A.M. the resident was wheeled back to his room from the shower in the same manner, only partially covered with the drape leaving the right thigh and buttock exposed.</p> <p>3) Observation on 7/27/17 during lunch in R#241's room, the resident was awake when Staff #37 came in and placed the food tray on the bedside table. Staff#37 stated, "she's a feeder, I mean "we have to feed her," as she set-up the resident's lunch.</p>	4 115	<p>3) Plastic bucket/trash can with liners were placed in every shower room on 8/25/17 and are to be used when the resident needs to have a bowel movement. DON in-serviced nursing staff on resident's rights guidelines with emphasis on providing and enhancing resident's dignity and respect in full recognition of his/her individuality on 8/4/17 and 8/25/17.</p> <p>4) Dignity focused rounds will be conducted by the UM/Nursing Supervisors to visualize compliance of the maintenance of residents' dignity and respect of individuality. Rounds are to include 3 to 5 residents per week per floor x 4 weeks, and then 3 to 5 residents per week x 2 months. DON/ADON will report findings to QAPI committee monthly x 3 months or until a lesser frequency is deemed appropriate.</p> <p>5) Compliance will be achieved by 9/30/17.</p>	
4 123	<p>11-94.1-27(12) Resident rights and facility practices</p> <p>Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family,</p>	4 123		

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4 123	<p>Continued From page 4</p> <p>legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:</p> <p>(12) The right to be fully informed in advance about care and treatment and of any changes in that care and treatment and the right to participate in planning care and treatment, unless adjudged incompetent or incapacitated;</p> <p>This Statute is not met as evidenced by: Based on resident interview, record review and staff interview, the facility failed to ensure the residents right to choose care services that are significant for 1 of 16 residents interviewed.</p> <p>Findings include:</p> <p>On 7/25/17 at 1:28 PM during the resident interview, Resident (R) #22 answered no when asked do you choose how many times a week you take a bath or shower stating, I would like to take a shower 3 times a week but I don't ask the staff because they are too busy and don't have the time.</p> <p>A follow up interview with R#22 was conducted on 7/26/17, and the resident further stated, it is assumed that everybody takes showers twice a week and she is obeying the rules. The resident also shared that at times, her head perspires and she is conscientious as she receives visitors.</p> <p>On 7/28/17 at 9:45 AM Staff #111 stated it is the facility's policy that baths are given two times per week. The residents may ask the staff if they want to have a shower or bathe more than twice</p>	4 123	<p>1) Resident #22's bathing scheduled was reviewed by LN on 7/26/17 and frequency was increased to 3x/week per resident's preference.</p> <p>2) Residents residing in the facility have the potential to be affected. Current bath schedule preferences will be reviewed by DON/Designee. Resident choices will be honored. Newly admitted residents are asked for bathing preferences and documented on admission assessments, current LTC residents shower preferences will be reviewed quarterly and as needed.</p> <p>3) DON/Designee educated Licensed Staff on 8/14/17 regarding honoring and care planning residents' shower preferences and to update residents' care plans to include bathing preference on their Kardex.</p> <p>4) DON/Designee will conduct audits on 5 residents per week x 4 weeks, then 5 residents per month x 2 months to validate that residents are being bathed according to their preference and a care plan is in place. DON/Designee will report findings to QAPI committee monthly x 3 months or until a lesser frequency is deemed appropriate.</p> <p>5) Compliance will be achieved by 9/30/17.</p>	9/30/17

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4 123	Continued From page 5  per week but the staff don't normally ask the residents. In addition, the staff member reported the residents and/ or their representatives are invited to attend the quarterly inter-disciplinary team (IDT) meetings when they can discuss or change any of their care preferences. Staff shared that R#22 did not attend the previous previous meetings held in April and June 2017.  The facility failed to ensure the resident has a choice on how many times a shower is provided based on their personal preferences.	4 123		
4 159	11-94.1-41(a) Storage and handling of food  (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.  (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and  (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.  This Statute is not met as evidenced by: Based on observation, staff interview and record review the facility failed to monitor the dishwasher wash and final rinse temperature and trayline holding temperatures for meals once during each meal period.  Findings include:  On July 25, 2017 during the initial kitchen tour,	4 159		

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4 159	<p>Continued From page 6</p> <p>Staff #410 stated that the facility used the dishwasher to sanitize the dishes using heat.</p> <p>On 07/27/2017 at 11:30 AM observed the lunch trayline prep and holding temperatures were taken at that time. After trayline observation with Staff #410, observed that the dishwasher registered washing temperatures between 150-165 degrees F.</p> <p>Requested to review the temperature logs for the trayline and dishwasher from the last 3 months. While reviewing the dishwasher temperature logs it was noted that there were many instances when there were no temperatures logged for the dishwasher wash and final rinse cycles. Upon further inspection there were 2 days in May 2017, the 6th and 22nd, when there were no temperatures documented for the whole day for the dishwasher use. It was noted on the facility's "Dishwashing/Warewashing Machine Temperature Log," "Record temperatures, flow pressure (**and ppm, where applicable) once during each meal period." Showed Staff #410 the missing dishwashing temperatures on the log which she acknowledged and stated that the supervisors are supposed to be monitoring the kitchen staff on this.</p> <p>On 7/28/2018 at 8:19 AM requested to have a copy of the July 2017 menu along with the trayline temperature logs from Staff #410. While looking over the menu and the trayline temperatures it was noted that there were some temperatures missing from the trayline log. When asked, Staff #410 again stated that the supervisors are supposed to be monitoring the kitchen staff on this.</p> <p>The facility failed to check and log all the dishwasher wash and final rinse cycle</p>	4 159	<ol style="list-style-type: none"> <li>1) No affected residents identified.</li> <li>2) Residents residing in the facility have the potential to be affected.</li> <li>3) Dietary Managers re-educated the Dietary Staff on how and when to complete temperature logs on 8/1/17. Education included checking the temperature of tray-line holding temperatures of food and the dishwasher wash and final rinse temperatures. Dietary Managers will conduct daily spot checks on the temperature logs for each meal served to verify that temperature logs are completed.</li> <li>4) Director of Dietary Services (DDS)/ Designee will check all temperature logs daily x 4 weeks, then weekly x 2 months. DDS will report findings to QAPI committee monthly x 3 months or until a lesser frequency is deemed appropriate.</li> <li>5) Compliance will be achieved by 9/30/17.</li> </ol>	<b>9/30/17</b>

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4 159	Continued From page 7  temperatures and the trayline holding temperatures of food consistently to ensure and prevent the spread of food borne illness.	4 159		
4 174	11-94.1-43(b) Interdisciplinary care process  (b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and resident/family education.  This Statute is not met as evidenced by: Based on medical record review, staff interview and facility policy review, the facility failed to revise/update 1 of 26 care plans (Resident #210) reviewed during the survey.  Findings include:  Cross reference to F309.  Resident #210 was admitted to the Facility on 7/29/13 for long term care. She was admitted to a Hospice program on 2/26/17 for failure to thrive. A medical record review on the afternoon of 7/27/17 revealed two separate care plans: Facility's care plan and the Hospice's care plan.  An interview of Staff #205 on the afternoon of 7/27/17 at approximately 3:30 P.M. revealed the Facility staff was unclear of which services and interventions the Hospice staff provided. Staff #205 reported the Facility covered all care areas and when the Hospice staff came in, they may help feed or shower Resident #210.	4 174	1) Residents #210 care plan was reviewed by the IDT and Hospice Nurse and updated by the MDS Nurse on 8/1/17.  2) Hospice residents have the potential to be affected. Chart audits on current hospice care residents were conducted and care plans were updated by IDT as needed.  3) DON/Designee educated Licensed Nurses and interdisciplinary team members on 8/4/17 and 8/31/17 regarding integrating facility and hospice care plans to reflect end of life care.  4) DON/Designee will conduct audits on 2 residents who are on hospice per week x 4 weeks, then 4 residents per month x 2 months to verify care plans are in place for integration of care. DON/Designee will report findings to QAPI committee monthly x 3 months or until a lesser frequency is deemed appropriate.  5) Compliance will be achieved by 9/30/17.	9/30/17



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4 174	Continued From page 8  A review of the Facility's policy titled, "Hospice Program" with revision date of January 2014 revealed, "4. When a resident participates in the hospice program, a coordinated plan of care between the facility, hospice agency and resident/family will be developed and shall include directives for managing pain and other uncomfortable symptoms. The care plan shall be revised and updated as necessary to reflect the resident's current status."  The facility failed to update/revise Resident #210's care plan to reflect her current status for end of life care.	4 174		
4 219	11-94.1-55(f) Housekeeping  (f) All areas that have contained infectious residents and materials shall be thoroughly cleaned with appropriate sanitizing methods.  This Statute is not met as evidenced by: Based on resident interview, observation and staff interview the facility failed to maintain a sanitary, orderly and comfortable interior in good repair.  Findings include:  1) On 7/25/17 at 9:45 A.M., 11:10 A.M. and 2:00 P.M. a urine odor was noted in room 212. During lunch, the residents of room 212 were observed dining with the strong foul odor.  2) On 7/25/17 at 10:02 A.M. a strong foul odor was noted on Piikoi 2 near the elevator and nurses station. A soiled laundry cart was observed outside a resident's room in the area. At	4 219		

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4 219	<p>Continued From page 9</p> <p>11:00 A.M. the foul odor was present in the same area. At 12:30 P.M. the foul odor continued to be present in the same area and near the lunch tray cart.</p> <p>On 7/27/2017 at 8:30 A.M. breakfast trays were distributed by staff and a foul odor was noted near the tray cart and nurses station. At 9:04 A.M. a staff member was observed to open a door and the foul odor came wafting down the hall toward the nurses station. At 9:09 A.M. concurrent observation was done with Staff #97 who unlocked the soiled linen closet near the nurses station and an overwhelming foul odor was immediately noted. The room was observed to contain 6 carts full soiled linen, personal briefs and bed liners. Staff #97 stated that housekeeping removes the dirty items from the room throughout the day. At 9:27 A.M. and 10:15 A.M. the foul odor continued to be present in the same area.</p> <p>3) On 07/25/2017 at 10:29 A.M. during a confidential interview the resident stated sometimes the floor smells. A previous roommate reportedly had infected leg ulcers that was oozing onto the floor and smelled bad. The resident also noted two soiled laundry carts sitting outside of his room that smelled bad, maybe from sitting too long.</p> <p>On 7/27/17 at 8:35 A.M. a staff member was observed to toss a soiled diaper into a linen cart outside of the resident's room.</p> <p>4) On 7/25/17 at 10:35 A.M. observation of room 308 on Pensacola, a shower head was noted to have dark black residue and the drain pipe had brown and black residue. A plastic PVC pipe was laying on the shower floor. A visitor mentioned it</p>	4 219	<p>1.1) On 7/28/17, housekeeping staff conducted a deep cleaning of room 212 to remove any odors that may have been present.</p> <p>1.2) On 7/28/17, housekeeping staff cleaned the soiled utility room and took out soiled linen, personal briefs, and bed liners. The Director of Environment Services put an automatic air refresher in the soiled utility room to help alleviate odors. Additionally, maintenance staff will clean the air vent duct to make sure that it is operating at its capacity.</p> <p>1.3) CNAs were re-educated on 9/8/17 on disposal of soiled briefs. Residents with open draining wounds will have dressing applied. Odors will be evaluated and referred to physician as indicated.</p> <p>1.4) On 7/28/17, UM took out the plastic PVC pipe. On 9/1/17, Maintenance Supervisor replaced the shower head and drain pipe cover.</p> <p>2) Residents residing in the facility have the potential to be affected.</p> <p>3) Director of Environmental Services educated housekeeping staff on 9/5/17 regarding the removal of soiled items from the soiled utility rooms and to increase frequency as necessary. On 9/6/17, the frequency for picking up soiled briefs was increased from 2x/day to 3x/day.</p>	9/30/17

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/28/2017
NAME OF PROVIDER OR SUPPLIER  HALE NANI REHABILITATION AND NURSING C		STREET ADDRESS, CITY, STATE, ZIP CODE 1677 PENSACOLA STREET HONOLULU, HI 96822		
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4 219	Continued From page 10 was a part from a shower chair.  The facility failed to ensure the residents have a homelike, sanitary environment free from odor and in good repair.	4 219	4) Environmental Focus Rounds will be conducted by the Director of Environmental Services and Maintenance Supervisor to verify facility's compliance of maintaining a homelike, sanitary environment free from odor and in good repair. Rounds are to be conducted weekly per floor x 4 weeks, and then 4 floors per week x 2 months. In addition, this will be included in the Facility's Leadership Rounds to verify ongoing compliance throughout the year. Director of Environmental Services/Maintenance Supervisor will report findings to QAPI committee monthly x 3 months or until a lesser frequency is deemed appropriate.	
4 278	11-94.1-65(e)(5) Construction requirements  (e) The facility shall have resident bedrooms that ensure the health and safety of residents:  (5) Multi-resident bedrooms shall provide a minimum of eighty square feet per bed of usable space, excluding closets, bathrooms, alcoves, and entryways;  This Statute is not met as evidenced by: Based on interview with the DON, the facility had 18 multiple resident bedrooms that did not meet the requirement of 80 square feet per resident.  Findings include:  During the entrance conference, the DON stated that construction started on July 20, 2017 for 3 additional semi-private rooms. These 3 rooms were being added to the Pensacola building 3rd floor and the Lewalani building 1st and 2nd floors. The facility had a waiver for 18 rooms that did not meet the 80 square feet per resident in multiple resident bedrooms requirement as listed here:  Pensacola 1 wing: Room 102 for 3 residents = 215 sq. ft. Room 103 for 3 residents = 213 sq. ft. Room 106 for 3 residents = 214 sq. ft. Room 107 for 3 residents = 213 sq. ft. Room 110 for 3 residents = 215 sq. ft.	4 278	5) Compliance will be achieved by 9/30/17.	

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NAME OF PROVIDER OR SUPPLIER  <b>HALE NANI REHABILITATION AND NURSING C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1677 PENSACOLA STREET HONOLULU, HI 96822</b>
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4 278	<p>Continued From page 11</p> <p>Room 111 for 4 residents = 273 sq. ft. Room 112 for 3 residents = 210 sq. ft. Room 113 for 4 residents = 270 sq. ft. Room 116 for 3 residents = 213 sq. ft. Room 117 for 3 residents = 215 sq. ft.</p> <p>Pensacola 2 wing; Room 202 for 3 residents = 212 sq. ft. Room 203 for 3 residents = 213 sq. ft. Room 206 for 3 residents = 213 sq. ft. Room 207 for 3 residents = 212 sq. ft. Room 211 for 3 residents = 213 sq. ft. Room 214 for 3 residents = 213 sq. ft. Room 215 for 3 residents = 213 sq. ft. Room 218 for 3 residents = 213 sq. ft.</p> <p>The facility's letter dated 7/13/17, to the State office provided that the facility would start construction on 07/20/17 for the 3 additional semi-private rooms, which would reduce from 18 to 12 rooms not meeting the 80 square feet per resident in multiple resident bedrooms.</p>	4 278	<p>1) The Administrator requested a waiver from the Office of Health Assurance Medicare Certification. Currently, the following (18) resident rooms do not meet the 80 square feet requirements:</p> <p>Pensacola 1 Wing - RM #102 for 3 residents = 234.78 Sq. Ft. RM #103 for 3 residents = 235.94 Sq. Ft. RM #106 for 3 residents = 235.34 Sq. Ft. RM #107 for 3 residents = 236.59 Sq. Ft. RM #110 for 3 residents = 237.14 Sq. Ft. RM #111 for 4 residents = 294.74 Sq. Ft. RM #112 for 3 residents = 232.86 Sq. Ft. RM #113 for 4 residents = 292.44 Sq. Ft. RM #116 for 3 residents = 236.5 Sq. Ft. RM #117 for 3 residents = 234.5 Sq. Ft.</p> <p>Pensacola 2 Wing - RM #202 for 3 residents = 225.69 Sq. Ft. RM #203 for 3 residents = 227.4 Sq. Ft. RM #206 for 3 residents = 221.13 Sq. Ft. RM #207 for 3 residents = 230.42 Sq. Ft. RM #211 for 3 residents = 230.22 Sq. Ft. RM #214 for 3 residents = 225.69 Sq. Ft. RM #215 for 3 residents = 223.84 Sq. Ft. RM #218 for 3 residents = 224.04 Sq. Ft.</p> <p>2) Other residents' rooms throughout the facility were measured with no deficiency noted.</p> <p>3) The Administrator has requested a new waiver from the Office of Health Care Assurance on 9/1/17.</p> <p>4) Continue to follow new waiver request from the Office of Health Care Assurance annually.</p> <p>5) Plan of Correction will be accomplished by 9/30/17.</p>	9/30/17