Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125062	A. BUILDING: ____ B. WING ____	06/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE KUPUNA HERITAGE HOME, LLC	4297A OMAO ROAD KOLOA, HI 96756

(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	Initial Comments A focused relicensure survey was conducted from 06/19/20 through 06/24/20. Onsite survey activities were conducted on 06/19/20 with the completion done remotely. The focus of the survey addressed the following regulatory requirements: Resident Abuse, Neglect and Misappropriation of Resident Property (11-94.1-29); Admission, Transfer, and Discharge (11-94.1-36); Nursing Services (11-94.1-39); Infection Control (11-94.1-53); and Emergency Preparedness (11-94.1-58). A facility reported incident (HI00007891) related to staff to resident abuse was also investigated. The census upon entrance was 59 residents. There were no active COVID-19 residents and no residents or staff members presently being evaluated for the coronavirus. The facility was found not to be in substantial compliance with the regulatory requirements of the Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities.	4 000		
4 133	11-94.1-29(d) Resident abuse, neglect, and misappropriation (d) The facility shall maintain a record that all alleged violations were thoroughly investigated, and shall take all reasonable steps to prevent further abuse while the investigation is in progress. This Statute is not met as evidenced by: Based on review of the facility's investigation,	4 133	1. A report was filed with the state	7/23/20

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/17/20

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4 133	Continued From page 1 interviews with staff members, and review of the facility's policy and procedures, the facility failed to ensure a thorough investigation was conducted regarding an allegation of verbal abuse which involved two residents, Residents 2 and 4. Findings include: The facility reported an allegation of staff to resident abuse to the State Agency. A review of the facility's investigation found Resident (R)4 reported an incident of two Certified Nurse Aides (CNA) making comments to R2 regarding cutting off her/his hand to alleviate pain. R4 reported the aides referenced cutting off R2's hands like her/his leg was amputated. An investigation was done for R2; however, the facility did not identify R4 as an alleged victim. The Social Worker (SW) was interviewed on 06/19/20 at 10:15 AM. SW reported R4 initially thought the comments were funny and participated in the joking with the staff. However, R4 reportedly felt bad about laughing with staff members. Inquired whether R4 was identified as a possible victim, as staff member referred to her/his leg amputation. SW confirmed an investigation for R4 was not conducted. The SW provided a copy of the facility "Incident Report" for review. A witness statement by Charge Nurse (CN)1 documents R4 reported to CN1 "about a comment made to resident's leg and of being upset". Although staff members made a comment related to R4's amputation, a review of the facility's investigative notes found R4 was not identified as an alleged victim. The facility provided a copy of an Incident Report. The event was identified as	4 133	regarding R4 and the allegation of abuse /neglect on June 26th, 2020. R4 was offered emotional and psychological support. R2 was reassessed for pain management and interventions were updated as needed. 2. Facility residents have the potential to be affected by this alleged practice. 3. Facility staff were re-inserviced on resident rights and abuse / neglect beginning June 19th, 2020 during survey with a completion date of July 7th, 2020 by the DON / SE / Designee and will be ongoing as needed. Resident rights were reviewed in resident council on June 25th, 2020 by Director of Social Services. 4. Social services and administrator will interview a minimum of 3 residents weekly regarding residents rights and abuse / neglect. Administrator /designee will also review grievance log weekly for concerns regarding residents rights and abuse / neglect. In addition, Administrator / designee will review any abuse allegations to ensure compliance. These interviews and audits will continue for a minimum of 12 weeks or until compliance is achieved. The results of these audits are to be brought to the monthly QAPI meeting for review and recommendations for a minimum of 3 months or until compliance is achieved.	

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4 133	Continued From page 2 behavior, R4 reported "I feel upset". The incident report and supporting document focuses on R4's concern that R2 was experiencing pain and wanting staff members to help R2. Although comments were made to R4, the staff did not identify R4 as an alleged victim.	4 133		