STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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 licensure survey was conducted by the Office of Health Care Assurance on May 10, 2021. The facility was found not to meet the requirements at Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities. The census was 69 residents.	4 000		
4 115	11-94.1-27(4) Resident rights and facility practices 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: (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; This Statute is not met as evidenced by: Based on interviews, the facility failed to treat one Resident (R)51 with dignity, respect, and kindness. R51 shared an experience that upset her when a staff member did not acknowledge her statements of feeling sick and contradicted her about her diet in front several people including a physician. As a result of this interaction, R51 said she felt "humiliated and embarrassed." There is the potential that any resident residing in the facility could be treated with disrespect which may affect their psychological well-being.	4 115	1. DON met with R51 to ensure he/she received support and offered counseling if desired. The RN involved is no longer employed at the facility. The physician involved stated it was only himself and the nurse in the room. He further stated the nurse was very apologetic regarding the dietary error and immediately left to notify dietary. The physician said this was the end of the conversation. Dietary reviewed R51's likes and dislikes with resident. Dietary staff were inserviced regarding	5/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 115	Continued From page 1 Findings include: R51 is an 85-year-old female admitted to the facility for healing of a coccyx fracture. Additional diagnoses included basal cell carcinoma on right side of nose, heart failure, acute kidney failure, hypertension, depression, and transient ischemic attack. R51's care plan (CP) was reviewed on 04/28/21 which revealed the nutritional approach; "provide menu selection and honor food preferences: fresh fruits, fresh veggie tray, no beef." On 04/28/21 at 08:11 AM during an interview with R51, she was pleasant, communicated well and easily carried on a conversation. When asked how the food was at the facility, R51 said she did not eat beef and would like more organic foods. R51 said she had been accidentally served beef over the weekend and ate it before she realized it was beef. R51 said beef makes her very sick and after she ate it she was sick for 24 hours. R51 was unsure of the day, but thought it was Monday when a Registered Nurse (RN) embarrassed her in front of a physician (MD) and "an audience." R51 told the MD she had been very sick because she accidentally ate beef, and the RN in front of everyone; " She's (R51) exaggerating, She eats beef all the time. R51 said; "I couldn't believe a professional would say that." R51 said she felt "berated, humiliated and embarrassed, like I was lying, I have never eaten beef here." On 04/29/21 at 10:28 AM during an interview with the Dietary Manager (DM), she said the kitchen was aware R51 did not want beef and validated it was in the system as her preference. The DM confirmed beef had been on the weekend menu.	4 115	R51 preferences and his/her request not to receive any beef in his/her meals. 2. The alleged practice has the potential to affect facility residents with specific dietary requirements / preferences. 3. Direct care staff and staff participating in meal service and delivery were re-inserviced regarding monitoring meal tickets and meals prior to delivery to ensure compliance by the unit managers / DON / RD / designee. Facility staff were inserviced regarding resident rights regarding privacy and dignity by the DON/ Staff Development Coordinator / unit managers / designee. Inservices will be ongoing as needed. 4. Unit managers / designee will audit through observation of meal tickets and meals three times a week for a minimum of 12 weeks to ensure compliance. Results of these audits will be brought to QAPI monthly for review and recommendations for a minimum of three months or until compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 115	Continued From page 2 On 04/30/21 reviewed the facility admission documents provided to residents which included information on resident rights. Included in the documents were the statements: "The resident has a right to a dignified existence...," and "The resident had the right to be treated with Respect and Dignity..." On 04/30/21, reviewed the facility policy titled "Resident Rights in the facility" revision date December 2016. The policy statement was "Employees shall treat all residents with kindness, respect and dignity. The "Policy Interpretation and Implementation," included "1. Federal and state laws guarantee certain basis rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity ...."	4 115		
4 125	11-94.1-27(14) Resident rights and facility practices 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: (14) The right to personal privacy and confidentiality of personal and clinical records; This Statute is not met as evidenced by: Based on interviews and document review, the facility failed to provide the right of personal privacy to one resident (R)36 of a sample size of 22. R36 said the staff did not honor her request	4 125	1. The DON met with R36 to ensure he/she received support and offered counseling if desired. Unit staff were inserviced regarding resident rights	5/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 125	Continued From page 3 on multiple occasions to close the blinds for privacy while they were providing care. As a result of this deficiency, R36's right to privacy was denied and she felt embarrassed and exposed which could potentially affect her psychological well-being. All residents could be affected if personal privacy is not provided. Findings include: R36 an 88-year-old female admitted to the facility after a cerebral infarction (stroke) affecting her left side. She is alert, cognitively intact and communicates well. R36 had occasional incontinence and wore a brief. She required assistance with activities of daily living, which included changing her brief and cleaning of the perineal area in a meticulous manner to prevent urinary tract infections and skin breakdown. On 04/27/21 at approximately 09:30 AM, observed R36n her room at which time surveyor commented on the nice view she had from her room. R36cknowledged it was nice but said the staff do not close the blinds when they provide care. R36 went on to say, "My backside is out for everyone to see." She said when she asked to have the blinds closed, the Registered Nurse commented that it was a beautiful day outside and that we should leave the blinds open. At that time, surveyor noted there was a cement sidewalk around the facility outside the window. On 04/30/21, reviewed the documents provided to residents at the time of admission which included a section on Privacy and Confidentiality which said; "The resident has a right to personal privacy and confidentiality of his or her personal and medical records. Personal privacy includes accommodations..."	4 125	regarding privacy and dignity and on closing blinds when rendering care by the DON/ Staff Development Coordinator / unit managers / designee. Inservices will be ongoing as needed. 2. The alleged practice has the potential to affect facility residents. 3. Facility staff were inserviced regarding resident rights regarding privacy and dignity and on closing blinds when rendering care by the DON/ Staff Development Coordinator / unit managers / designee. Inservices will be ongoing as needed. 4. Unit managers / designee will audit through observation during rounds three times a week for a minimum of 12 weeks to ensure compliance. Results of these audits will be brought to QAPI monthly for review and recommendations for a minimum of three months or until compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 125	Continued From page 4 On 04/30/21, reviewed the facility policy titled "Resident Rights in the facility" revision date December 2016. The policy statement was "Employees shall treat all residents with kindness, respect and dignity." Surveyor walked the cement sidewalk outside R36's room and observed you could see inside the room if the blinds were open. In addition, several observations were made during the four-day survey of staff and visitors using the sidewalk around the facility.	4 125		
4 136	11-94.1-30 Resident care The facility shall have written policies and procedures that address all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status, including but not limited to: (1) Respiratory care including ventilator use; (2) Dialysis; (3) Skin care and prevention of skin breakdown; (4) Nutrition and hydration; (5) Fall prevention; (6) Use of restraints; (7) Communication; and (8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth. This Statute is not met as evidenced by: Based on record review and interview with staff members and resident representative, the facility failed to ensure a resident (Resident 42) that eloped from the facility was assessed, monitored,	4 136	1. Resident 42 was re-assessed for elopement risk. Care plan was updated to reflect current interventions. DON / SDC /designee re-inserviced licensed nurses	5/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 5 and provided with care plan interventions to prevent elopement. The facility also failed to ensure 2 of 2 residents (Residents 27 and 21) in the sample were provided with interventions to prevent the reoccurrence of urinary tract infection. The facility also failed to provide care and services to prevent significant weight loss or to identify the need for dietary evaluation and intervention for one resident (R)219, as evidenced by an unrecognized weight loss of 6.1% in fourteen days. Findings include: 1) Resident (R)42 was admitted to the facility on 08/18/16. Diagnoses include: Parkinson's disease; major depressive disorder, single disorder; adjustment disorder with anxiety; sleep disorder, unspecified; mood disorder due to known physiological condition, unspecified; and schizophrenia. On 07/09/21 the facility submitted an initial "Event Report" to notify the State Agency on 07/08/20 at 09:45 PM, R42 eloped from the facility. R42's roommate, R22 pressed the call light for help. R42 was missing and code pink (missing resident) was initiated. R42 was found walking outside holding her cane and "manual call bell" in her hand. R42 reported to staff that she wanted to "shi-shi" (urinate). Upon examination, R42 had superficial abrasions to the left elbow and left knee which she acquired when climbing out of the window. The report further documents, R42 appears to have opened her window and cut the screen with her sewing scissors. Following the incident, R42 was placed on 1:1 supervision for 24 hours, resident placed on alert charting, sewing scissors and manual call bell	4 136	regarding wandering/elopement assessments and care plan revision. Inservices will be ongoing as needed. Residents 21 and 27 were reassessed by the physician. Care plans were updated to reflect treatments. DON/SDC/designee re-inserviced licensed nurses regarding UTIs, treatments, incontinence care, hydration and revising care plans. Resident 219 was re-evaluated by the RD. Resident is on weekly weights. Care plan was updated as needed. VP of Clinical re-inserviced DON / SDC and RD regarding weight program, notification of team members and interventions / care planning. Inservices will be ongoing as needed. 2. The alleged practices have the potential to affect facility residents. 3. Residents were re-assessed for wandering / elopement risk. Care plans were updated as needed. DON / SDC /designee re-inserviced the interdisciplinary team regarding wandering/elopement assessments and care plan revision. Inservices will be ongoing as needed. SDC/Unit managers/designee re-inserviced licensed nurses and cnas in incontinence care. Inservices will be ongoing as needed. SDC/Unit managers/designee re-inserviced licensed nurses and cnas on the weight program and interventions/care planning. Inservices will be ongoing as needed. 4. The unit managers / designee will monitor compliance through observations on daily rounds and medical record reviews 3 x weekly for a minimum of 12 weeks. Results of these audits will be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 6 were immediately removed from resident's possession, a psychological consult was ordered to rule out delirium vs. depression vs. dementia, pharmacy consult to review the resident's medication, room change was offered (resident declined), and window alarm installed to alert when window opens. Observation on 04/27/21 at 10:15 AM found R42 in her room sitting in a chair with forward wheel walker (FWW) next to her bed and within reach. At approximately 11:15 AM, R42 reportedly had a shower. Subsequently, R42 was observed eating lunch in her room. R42 was asked whether she would be willing to answer some questions, R42 declined stating that she would be going to sleep after lunch. On 04/28/21 at 08:00 AM, R42 was out of bed and later observed ambulating with FWW and staff in the hall. R42 reported she had a shower. At 09:12 AM, R42 was out of bed, EMMA reported R42 went for physical therapy. At 10:39 AM, R42 was observed sleeping. On the morning of 04/29/21, R42 was observed ambulating back to her room with staff after a shower. Observations found R42 did not display wandering of exit seeking behavior.. On 04/29/21 at 09:08 AM observation of the window alarm system was done with DOM. The window of R42's room has two sliding glass panes, alarms are affixed to both panes. DOM demonstrated the alarms are in working order. At 10:20 AM, the facility provided documentation of routine maintenance of the window alarms. On 04/28/21 at 11:54 AM, R42 was sitting in her room, sewing with a scissors on her bed. R42 was interviewed regarding the incident. R42 reported that she just wanted to go out and wanted her roommate (R22) to go with her. R42	4 136	brought to QAPI monthly for review and recommendations for a minimum of three months or until compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 7	4 136		

stated her roommate was too tall to go out the window. R42 further stated that she wanted to walk to the front of the building.

Record review was done on the afternoon of 04/28/21. A review of R42's comprehensive Minimum Data Set (MDS) with assessment reference date of 09/09/20 documents no wandering or mood behavior. R42 was noted to require limited assistance with one person physical assist for walking in room and corridor, as well as, locomotion on and off unit. Review of most recent quarterly MDS with ARD of 03/08/21 notes R42 yielded a score of nine (moderate cognitive impairment) upon administration of the Brief Interview for Mental Status. R42 also noted to require supervision with set up for locomotion on and off unit and walking in room and corridor. R42 was coded with no wandering behavior.

A review of R42's elopement evaluation was done. An admission evaluation was done on 08/19/16. R42's family/responsible party did not have concern resident would attempt to elope, did not have a history of elopement, and did not express a desire to leave the facility. R42 noted to be alert and oriented and facility will continue to monitor. Subsequent evaluation was done on 07/09/21. R42 noted to have "tried to elope" 07/08/20 through her window. The resident noted to have trouble sleeping and was prescribed temazepam 7.5 mg. at bedtime with increased forgetfulness, depression, and crying. The physician assessed R42 and discontinued the use of Temazepam on 07/06/20. There was no documentation of subsequent elopement evaluations.

A review of the facility's investigation was done. The "Incident Report" documents R42 stated she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 8	4 136		

had to urinate and she appeared confused. Of note, R42's Certified Nurse Aide (CNA) reported seeing resident in her room at 09:00 PM.

A review of the care plan found two care plans for R42. The facility is currently in the process of switching electronic health records system. The care plan with targeted date of 01/03/21 includes a care plan to address wander/elopement due to confusion related to dementia. Interventions include: anticipate and meet all my needs; attempt to determine cause of wandering and relieve if possible, keep my daily routine intact as possible, monitor my behavior and attempt to determine pattern, frequency and intensity, monitor triggers for wandering (consider time of day, location, persons involved and situation, if I appear confused or seems tat I am hallucinating (seeing men in hallway or room) please set with me (listen to my concerns and ensure that no men are in the area), offer room changes, provide a program of activities to minimize potential for wandering, review recent changes, and walk/stroll me more frequently with purpose. A review of the second care plan has a problem start date of 03/09/21 which did not include approaches to deter elopement.

On 04/28/21 at 03:44 PM, an concurrent record review and interview was conducted with the DON. The DON provided copies of R42's care plans, explaining the facility is in the process of switching to a new electronic health record system. The DON confirmed R42 had two elopement assessments, one on admission, 08/19/16 and one following actual elopement on 07/09/20. Queried how often the facility completes elopement assessments? The DON responded with the change of EHR it may be required monthly as the template will pop up to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 9	4 136		

complete it. The DON was agreeable to follow up on the required frequency for completing elopement assessments.

A second interview was conducted with the DON on 04/29/21 at 07:49 AM. Queried DON regarding R42 having two care plans, the first with a target date of January 2021 and the second one with a start date of March 2021 with a target date of June 2021. The DON confirmed the care plan with a start date of March 2021 did not address elopement, further explaining the switch to a new EHR and the need to ensure revision of care plans.

Further queried whether the interdisciplinary team (IDT) identified R42's triggers for elopement. DON responded, the IDT was unable to identify triggers for elopement. The facility assessed R42's medications and obtained a psychological consult; however, did not identify triggers for elopement.

2) Resident (R)27 was admitted to the facility on 11/30/20 and readmitted 01/22/21. Diagnoses include: cerebral infarction, unspecified; age-related osteoporosis without current pathological fracture; and unspecified dementia without behavioral disturbance.

On 04/28/21 at 09:00 AM an interview was done with R27's representative. The resident's representative reported R27 was readmitted after hospitalization for urinary tract infection (UTI). R27 reportedly was hospitalized for approximately three days and treated with antibiotics.

Record review done on 04/28/21 at 09:07 AM notes R27 was hospitalized for sepsis related to a UTI. A review of the history and physical dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 10 01/22/21 notes R27 was transferred to the emergency department on 01/17/21 for further evaluation related to fever and chills, oxygen saturation of 85%, and crackles to bilateral bases of the lungs. R27 was admitted with diagnosis of UTI (e. coli), staph epi bacteremia, hypoxia (resolved) and dementia. A review of R27's admission Minimum Data Set with an assessment reference date of 12/06/20 notes R27 requires extensive assist with one-person physical assist for toilet use. R27 was coded as frequently incontinent of bladder and continent of bowel. Also, R27 was not coded for UTI. A quarterly MDS with ARD of 01/24/21 (following hospitalization) notes R27 with UTI and septicemia. R27 continues to require extensive assist with one-person physical assist for toilet use. And remains frequently incontinent of bladder and continent of bowel. R27's care plan did not include interventions for UTI prevention. On 04/30/21 at 08:30 AM an interview was conducted with MDS Coordinator (MDSC)1. MDSC1 confirmed R27 was hospitalized on 01/17/21 for sepsis due to UTI (e. coli). And noted resident may have had possible micro aspiration pneumonia. Inquired whether a care plan was developed for UTI prevention. MDSC1 reviewed the electronic health record and commented that the facility switched to new software in January. MDSC1 confirmed that at the present time there is no care plan to address R27's history of UTI with preventative interventions. Further queried whether R27's physician made new orders for UTI prevention. MDSC1 was unable to find new orders related to UTI. 3) R21's initial admission to the facility was on	4 136		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 11 06/04/19. Diagnoses include but are not limited to pain in right knee, unspecified chronic obstructive pulmonary disease, state 3 chronic kidney disease (moderate), essential (primary) hypertension, unspecified site osteoarthritis, unspecified heart failure, unspecified atrial flutter, not elsewhere classified stiffness of right knee, pain in right leg, age-related osteoporosis without current pathological fracture, pain in left shoulder, unspecified rheumatoid arthritis, pain in right shoulder, other reduced mobility, and muscle weakness (generalized). Review of R21's quarterly Minimum Data Set (MDS) with an assessment reference date of 02/22/21, in Section G. Functional Status, under Toilet use (how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet, cleanses self after elimination; changes pad, manages ostomy and catheter; and adjusts clothes), R21 requires total assistance-full staff performance every time with two or more-person physical assist. Under Section H. Bladder and Bowel H.0300. Urinary Continence and H.0400 Bowel Continence R21 is always incontinent of bladder and bowel. Review of the facility's Notice of Resident Discharge/Transfer form dated 02/24/21, R21 was admitted to the hospital on 02/10/21. Review of R21's hospital discharge summary indicates R21 was admitted to the hospital on 02/11/21 and returned to the facility on 02/16/21. The final diagnosis included congestive heart failure, atrial flutter, and UTI. Review of R21's hospital notes and physician's documentation dated 02/10/21 a Sepsis Assessment was completed due to "Concern for sepsis, patient [R21] does have a UTI." Further	4 136		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 12	4 136		

documentation from the hospital notes on 02/15/21 R21 was being treated for Sepsis secondary to UTI with positive Escherichia coli (E. coli) bacterium.

Interview with Director of Nursing (DON) on 04/20/21 at 08:28 AM, DON stated R21 is incontinent but can tell you when she needs incontinence care. Concurrent review with DON of R21's care plan in the facility's previous electronic health record (EHR) and present EHR found R21 " ...requires extensive ...total assist ...for toileting." and does not address interventions to prevent UTI.

4) On 04/27/21 at 12:01 PM, an interview was done with R219 in his room on the new admission hall of the facility. R219 complained about the taste of the food and the small portions he received since his admission on 04/13/21. R219 stated that he had been weighed twice a week since his admission and knew that he had lost at least five pounds.

A review of R219's documented weights since his admission confirmed he was admitted at 140.4 pounds, and his last weight taken on 4/27/21 was 131.8 pounds, reflecting a loss of 8.6 pounds or 6.1%. Further review of R219's electronic medical record (EMR) revealed no progress notes, no referrals, and no interventions planned to address his weight loss, despite the EMR system red flagging his two most recent weights for follow-up.

On 04/30/21 at 10:22 AM, an interview was done with the Director of Nursing (DON) in her office. Upon discussion of R219's weight loss, the DON admitted she could not find any progress notes or interventions planned either. She went on to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 136	Continued From page 13 state that weekly interdisciplinary meetings were conducted for residents identified as at risk, with the last meeting held on 04/23/21. Although the Registered Dietician (RD) was present at that meeting, and despite R219 having lost 7.4 pounds by then, R219 was not identified or discussed as at risk. The DON then called the RD for a phone interview. The RD stated she did not recall and could find no documentation of being notified of R219's significant weight loss. Both the DON and the RD acknowledged that a dietary referral should have been made, and that something should have been done sooner to address the weight loss.	4 136		
4 145	11-94.1-38(a) Activities (a) The facility must provide for an ongoing program of age-appropriate activities designed to meet the interests, physical, mental, and psychosocial well-being of each resident. This Statute is not met as evidenced by: Based on observations, interview with residents, resident representative and staff members, record review and a review of the facility's policy and procedures, the facility failed to assure based on a comprehensive assessment and care plan, 8 of 9 (Residents 36, 219, 226, 224, 10, 29, 27, and 28) residents in the sample and randomly observed residents were provided with an ongoing activity program to support choices and participation in individual and group activities. The facility did not ensure a person-centered assessment tool and/or system was in place to identify residents' need for social engagement and meaningful activities. The facility utilized	4 145	1. Residents 10, 27, 28, 29, 36, 219, 224 and 226 were re-assessed for activity preferences and desires. These residents are off of quarantine at present and are now considered green zone residents. This affords them greater freedom of movement and the ability to participate in group activities as desired. Care plans were updated as needed. The Activity Director and assistants were re-inserviced on assessment, documentation, care planning, 1 to 1 visits, activity calendars and offering appropriate activities based on assessments and in-room quarantine by the Director of Clinical Informatics and	5/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 14 Section F. Preferences for Customary Routine and Activities from the Minimum Data Set (MDS) to develop a care plan. Review found residents were primarily coded for preferences and activities as "somewhat important". The facility does not have an in depth activity assessment to identify what activities are important to the resident to enhance their quality of life. As a result of this system failure residents are at risk for experiencing a decline in their psychosocial well-being and self-esteem. This deficient practice has the potential to affect all residents that reside in the facility. Findings include: 1) R36 is an 88 year old female admitted to the facility on 03/11/21 for rehabilitation after a cerebral infarction affecting her left non-dominant side. She is non-ambulatory and needs assistance with her activities of daily living such as bathing and bed mobility. R36 requires two person assist for transfer to the wheelchair. She is alert, communicates well and able to verbalize her needs. On 04/28/21 08:48 AM observed R36 sitting in a chair in her room. R36 communicated well and was able to verbalize why she was at the facility and discussed her rehabilitation. During an interview at that time, inquired what activities she was involved in and how she kept busy. R36 replied, "We don't do anything." On 04/28/21 reviewed R36's CP with start date 03/09/21. The CP identified the goal; "I will express satisfaction with type of activities and level of activity involvement when asked through the review date. I will receive daily 1 on 1 visits and I	4 145	the VP of Clinical Services. Inservices will be ongoing as needed. 2. The alleged practice has the potential to affect facility residents. 3. Facility residents activity documentation, care plans and activity participation were reviewed for compliance. The Interdisciplinary Team and direct care staff were re-inserviced regarding 1 to 1 visits, activity calendars and offering appropriate activities based on assessments and in-room quarantine by the VP of Clinical Services / Administrator / Activity Director / designee. Inservices will be ongoing as needed. 4. The Administrator / designee will monitor compliance through observations on daily rounds and medical record reviews 3 x weekly for a minimum of 12 weeks. Results of these audits will be brought to QAPI monthly for review and recommendations for a minimum of three months or until compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 15	4 145		

will participate in activities of my own choosing." The approaches documented for this goal included:

"Assess and document my prior level of activity involvement and interests by talking to me, caregivers, family and significant others."
"Encourage on-going family involvement. Invite my family. significant others to attend special events, activities, meals."
"Ensure the activities that I attend are compatible with physical and mental capabilities, known interests and preferences, individuals needs and abilities, adapted as needed and age appropriate." "Explain to me the importance of social interaction and leisure activity time."
"I need assistance/escort to activity functions."
"Introduce me to residents with similar background, interests and abilities. Encourage interaction with other residents."
"Invite me to scheduled activities."
"Modify my daily schedule and treatment plan when possible to accommodate activity participation." "Provide a program of activities that empowers me to make choices and encourage self-expression and responsibility."
"Provide me daily in-room visits and 1:1 activities."
"Provide me with activities calendar. Notify me of any changes to activities calendar."
"Provide me with materials for individual activities. I like the following activities: watching TV I like to sleep."

On 04/29/21 at 10:00 AM, observed R36 sitting by the nursing station in a wheel chair.

On 04/30/21 at 0:915 observed R36 lying in bed. During a second interview at that time, when surveyor mentioned it was nice to see her up in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 16 the wheelchair the day before (04/29/21) by the station, R36 said, "Yea, I asked them to take me there so I could get out of my room." R36 said no one had been doing 1:1 activities with her and again stated; "There is nothing to do." RR on 04/29/30 of R36's "Activity History Report" from 03/12/21 through 3/31/21 revealed the following documentation: 03/12/21 07:58 AM: "One to one ...invited and let resident know about daily activities. Offered resident books/magazines. Also asked resident if there is anything we can provide for them." 03/15/1 07:43 AM: "One to one ...invited and let resident know about daily activities. Offered resident books/magazines. Also asked resident if there is anything we can provide for them" 03/15/21 12:51 PM: "Worship Services ...Printed out and gave resident a copy of a requested prayer." 03/16/21: 12:35 PM: "One to one ...invited and let resident know about daily activities. Offered resident books/magazines. Also asked resident if there is anything we can provide for them" 03/17/21 10:07 AM: "Book club/Reading ...gave resident their mail" 03/17/21 03:34 PM: "Celebrations ...offered resident ice cream/jello for St. Patty's day." 03/23/21 09:49 AM "One-On-One ... let resident know about daily activities, also asked resident if there is anything we can do or provide for them." 03/25/21 08:46 AM "One-On-One visited resident and asked if there is anything we could provide for them. Also asked if they wanted any books word search puzzles or magazines" 03/25/21 04:02 PM: "Small Group Bingo ...Invited resident to small group bingo in large dining room, resident refused" 03/26/21 09:43 AM: "Room Change ...Assisted floor aide with resident's room change and	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 17	4 145		

moving her personal belongings."
03/27/21 03:40 PM: "Outdoor visit ...Took resident outside for scheduled visit with family"
03/31/21 09:45 AM: "One-On-One ...staff visit ...Brought resident the menu and the activities calendar for April"

Although activities was addressed in R36's CP, there was not a personalized activities program developed for R36 and there was not a comprehensive assessment of her interests. Review of the activity log noted above revealed R36 had been involved in little or no activities with only one refusal to participate documented. The one to one visits lacked documentation of meaningful interactions and activities.

2) R219 is a 61-year-old male admitted on 04/13/21 for long-term care. R219 had been admitted to a single room on the short-term rehab wing for a 14-day quarantine per the facility's COVID-19 protocol. R219's diagnoses included chronic respiratory failure, chronic obstructive pulmonary disease (COPD), human immunodeficiency virus disease (HIV), and moderate persistent asthma.

On 04/27/21 at 11:37 AM, R219 was observed sitting alone quietly in his wheelchair, facing the doorway of the room. During an interview at that time, when asked about activities, R219 stated that there were "no activities in the yellow zone [14-day quarantine area for new admissions]." Since it was his fourteenth day after admission, R219 expressed frustration and disbelief that he was still being confined to his room, stating he would like to go outside, and he would like to have visitors, but was told he could not do so until

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 18	4 145		

he had been changed to long-term care status. R219 said he was not given a clear answer when that would happen, and he found that very upsetting, stating "I always have to ask somebody else because the person I ask never seems to have an answer." R219 stated he does not like watching TV and prefers to spend time on his laptop computer. He complained that the Wi-Fi signal was "horrible", and that he had to purchase his own Wi-Fi booster and cable extension so that he could "catch the Wi-Fi signal" from anywhere in his room, otherwise he would only be able to connect near the doorway.

On 04/29/21 at 10:05 AM, an interview was done with Registered Nurse (RN)2 at the nurse's station of the short-term rehab wing. When asked about activities, RN2 stated that activities for new admissions were limited. Said she had seen activities staff enter the rooms of new residents and offer magazines and seen some of the residents do window visits but had not seen the residents on her side of the facility do much else besides watching television.

On 04/29/21 at 10:13 AM, an interview was done with the Activities Director (AD) at the nurse's station of the short-term rehab wing. AD stated that for new admissions, the activities staff (himself and two activities aides) try to go in and see each resident three times a day, offering books, board games, and magazines, and that every resident receives a monthly calendar of activities. AD said he does an activities assessment on each resident, and develops an activities' care plan, both of which are documented in the electronic health records (EHR). The EHR also contains the activity participation logs for each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 19 A record review (RR) of R219's activities assessment [MDS 3.0 Section F, Preferences for Customary Routine and Activities], dated 04/19/21, noted documentation that where the possible answers ranged from "no response or non-responsive" to "very important", the "Resident" had answered every question asked regarding his Daily Preferences and Activity Preferences, a total of sixteen questions in all, as "somewhat important". A review of R219's Activities Care Plan, last reviewed by Joshua on 04/13/21, revealed one of the planned interventions was to "Offer and invite me [R219] to watch the TV ...", and another, "Offer and provide me [R219] with a [sic] activity calendar in room and review programs as needed." A review of R219's activity participation log report, dated 04/29/21, revealed five activities listed since admission, three of them were "in room visit[s] ..." where R219 was asked how he was doing and if he needed anything, one was documentation of an observed conversation R219 had with his nurse and nurse aide upon returning from a doctor's appointment, and the last activity was "gave resident their mail." 3) R225 is a 66-year-old male admitted on 04/19/21 for cellulitis (a bacterial skin infection) of his left lower leg. R225 had been admitted to a single room on the short-term rehab wing for a 14-day quarantine per the facility's COVID-19 protocol. R225's diagnoses included chronic kidney disease with dependence on dialysis, diabetes, congestive heart failure, and muscle weakness with difficulty walking. On 04/28/21 at 08:31 AM, R225 was observed sitting alone quietly in his room with the television (TV) off, looking out the window. During an interview in his room, when asked about	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 20	4 145		

activities, R225 stated that he was not aware of any activities offered in the facility. He denied having been offered the opportunity to FaceTime or Google Meet his family members, said he had never been offered any books, magazines, or newspapers, and stated he had not seen an activities calendar. R225 went on to state that he did not like being confined to his room and wanted more people to talk to. He felt there was nothing to do but watch TV, and besides watching car races occasionally, preferred to leave the TV off.

RR of R225's activities assessment [MDS 3.0 Section F, Preferences for Customary Routine and Activities], dated 04/25/21, noted documentation that where the possible answers ranged from "no response or non-responsive" to "very important", the "Resident" had answered every question asked regarding his Daily Preferences and Activity Preferences, a total of sixteen questions in all, as "somewhat important". A review of R225's Activities Care Plan, dated 04/20/21, revealed one of the planned interventions was to "Provide me [R225] with [an] activities calendar.", and another, "Provide me [R225] with materials for individual activities. I like the following independent activities: watching tv". A review of R225's activity participation log report, dated and timed 04/29/21 4:11:56 PM, revealed no activities documented, independent or otherwise. A second activity participation log report, dated and timed 04/29/21 4:14:49 PM, revealed one activity, an in room visit documented two minutes prior where the resident was " ...asked how he was doing and if he needed anything."

4) R224 is an 83-year-old female admitted on 04/21/21 for post-surgical care following a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 21	4 145		

colostomy (an artificial opening in the abdominal wall through which the healthy end of the large intestine is attached) placement. R224 had been admitted to a single room on the short-term rehab wing for a 14-day quarantine per the facility's COVID-19 protocol. R224's diagnoses included dementia, hypertension (high blood pressure), sick sinus syndrome (irregular heart rhythms), muscle weakness, and difficulty in walking.

During an interview in her room on 04/28/21 at 11:36 AM, when asked about activities, R224 stated that she did not know if activities were offered in the facility, but that she would love to have someone to talk to. R224 said that she could not remember when she got to the facility, or why she was there. When asked if she had been offered any books, magazines, or newspapers, R224 paused, with a worried look on her face, and stated, "I don't have the memory." There was no monthly activities calendar observed in R224's room, either posted on the wall, or placed at the bedside.

On 04/29/21 at 08:20 AM, an interview was done with RN2 near the short-term rehab nurse's station. RN2 confirmed that R224 often forgot where she was or why she was there and had even pulled her colostomy bag off the previous night, not knowing what it was. RN2 stated that R224 required a lot of reminding and redirection and agreed that she would benefit from more one-to-one activities instead of laying idle in bed, as she did most of the time.

RR of R224's activities assessment [MDS 3.0 Section F, Preferences for Customary Routine and Activities], dated 04/27/21, noted documentation that where the possible answers ranged from "no response or non-responsive" to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 22 "very important", the "Resident" had answered every question asked regarding his Daily Preferences and Activity Preferences, a total of sixteen questions in all, as "somewhat important". A review of R224's Activities Care Plan, dated 04/21/21, revealed one of the planned interventions was to "Provide me [R224] with [an] activities calendar.", and another, "Provide me [R224] daily in-room visits and 1:1 [one-to-one] activity". 5) On 04/28/21 at 03:05 PM observed eight residents in the Na Maka Unit dining room playing BINGO. A second observation at 03:28 PM, the residents playing BINGO were seated outside of the dining room across the Na Maka Unit nurse's station. There were no staff present at the nurse's station or on the unit. Residents were not talking to each other, no music or radio was playing, and only one out of eight residents had reading material. At 03:35 PM while staff were coming in and out of other residents' rooms, Resident (R)64 stated out loud, "We need more activities!" R10 and R33 nodded in agreement. Two staff members were near the nurse's station and within earshot, but no staff approached or acknowledged R64's statement. 6) R10's initial admission to the facility was on 04/12/18. Diagnoses include but are not limited to unspecified hypothyroidism, essential (primary hypertension), unspecified hyperlipidemia, unspecified Vitamin D deficiency, unspecified dementia without behavioral disturbance, unspecified single episode major depressive disorder, and adjustment disorder with other symptoms.	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 23 Review of R10's quarterly Minimum Data Set (MDS) with an assessment reference date of 01/30/21, R10 scored a 10 (moderate cognitive impairment) on the Brief Interview for Mental Status. A review of the annual/comprehensive MDS with an assessment reference date of 05/06/20 for Section F. Preferences for Customary Routine and Activities, R10 was coded as somewhat important for the following activities: books, newspapers and magazines; listen to music you like; be around animals; keep up with news; do things with groups of people; do favorite activities; get fresh air; and participate in religious services or practices. There were no activities that were coded as very important. Interview with R10 on 04/27/21 at 10:39 AM stated she would like to see more activities, "I like to go out, I am really pissed off about it! They don't even ask us if there is anything we want to do. Nobody comes in to say hello, no visitation, don't even provide newspaper or reading materials, no nothing! They treat us like morons, I feel like we are in prison!" R10 further explained, she would like to go outside, go for a walk, sit outside in the sun, go to the store or church. A second interview with R10 on 04/28/21 at 09:22 AM, stated she would " ...like to go out to places ...nobody talks to me here, they treat us like morons!" R10 further explained that she would like to see more people come in her room, introduce themselves, and chat with her or ask her how she is doing. R10 often referred to working in radio before and her co-workers used to come her for assistance, which made her feel important.	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 24 7) Cross Reference to F656. Resident (R)29 was re-admitted to the facility on 11/30/21. Diagnoses include: cerebral infarction; hemiplegia, affecting left non-dominant side; unspecified cataracts; acquired absence of eye; malignant neoplasm of tongue; dysphagia; major depressive disorder; pain ; unspecified blepharitis of left eye, upper and lower lids; acquired deformity of nose; cognitive communication deficit; and displaced fracture of body of left calcaneus, subsequent encounter for fracture with routine healing. Observation during the initial tour on 04/27/21 at 10:15 AM found R29 lying in bed. R29 was awake and receptive to greeting by surveyor. At 11:26 AM, R29 was observed lying in bed with right leg dangling off the bed. R29 had lunch in the room. R29 was holding a bowl of noodles and eating with fingers. R29 also had mashed potatoes with gravy, quarter of a sandwich and fruits. On 04/28/21 at 08:00 AM, R29 was lying in bed, awake while receiving nutrients via tube. R29 was lying close to the edge and when this was mentioned, R29 moved closer to the center of the bed. At 09:13 AM, R29 was lying in bed and at 10:40 AM staff member was observed conversing with the resident. On 04/29/21 at 10:15 AM and 03:05 PM, R29 was lying in bed with the television on. Record review was done on 04/29/21 at 10:02 AM. A review of the quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 02/25/21 notes R29's vision is severely impaired (no vision or sees only light, colors or shapes, eyes do not appear to follow objects). R29 yielded a score of eight (moderately impaired cognition) upon administration of the Brief	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 25 Interview for Mental Status. A review of the annual/comprehensive MDS with an ARD of 09/21/20 an interview was conducted for Section F. Preferences for Customary Routine and Activities, R29 was coded as somewhat important for the following activities: books, newspapers and magazines; listen to music you like; be around animals; keep up with news; do things with groups of people; do favorite activities; get fresh air; and participate in religious services or practices. There were no activities that were coded as very important. R29 also coded the following areas as somewhat important: choosing what clothes to wear; taking care of personal belongings or things; choosing between a tub bath, shower, bed bath, or sponge bath; having snacks available between meals; choosing own bedtime; having a family or close friend involved in discussions about care; using the phone in private; and having a place to lock her things to keep them safe. The Activity Evaluation, dated 12/07/20 notes R29 receives 1:1 daily visits, loves listening to the television and music on the radio as well as talking with family on the phone. The evaluation did not include R29's preferences for television programs, radio station and how to engage the resident during one to one visits. A review of the care plan for being at risk for decreased, little or no activity involvement related to adjustment to facility included the following interventions: participate in activities of choice by review date; ensure the activities I attend are compatible with physical and mental capabilities, known interests and preference, individual needs and abilities, adapted as needed and age appropriate; explain to me the importance of social interaction and leisure activity time;	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 26	4 145		

listening to my television, please turn it on as requested; enjoy nature strolling, please invite me, I may refuse at times; invite me to to scheduled activities; my family wants to face time me 2x a week Wednesday and Saturday; provide a program of activities that empowers me to make choices and encourage self-expression and responsibility; provide in-room one to one visits; provide me with activities calendar, notify of any changes to activities calendar; and remind me that I may leave activities at any time and are not required to stay for entire activity. The care plan was not person-centered to reflect R29's activity preferences for watching television, what the resident likes to do during one to one visits, the type of activities that empowers her to make choices and encourage self-expression and how to address needed adaptations related to her vision loss during activities.

A review of R29's activity history for March 2021 found entry on 03/10/21 that books, magazines, work search or puzzles were offered to resident. Other entries offering books or magazines was documented on 03/11/21, 03/12/21, and 03/15/21. A review of April 2021 found one face time call to a friend and refusals by resident. The 1:1 activities comprised of greeting resident, turning on the television, and asking if the resident needs anything. There is also documentation of resident being asleep when visited. The 1:1 visits have no documentation of the time spent with R29.

On 04/29/21 at 09:36 AM a brief interview was conducted with the Activities Director (AD). Inquired why are books, magazines, puzzles and word search offered to resident that is visually impaired. The AD responded, activities staff will ask resident and will read the newspaper aloud or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 27 provide audio book. 8) Cross Reference F656. Resident (R)27 was initially admitted to the facility on 11/30/20 and readmitted on 01/21/21. Diagnoses include: cerebral infarction, unspecified; unspecified dementia without behavioral disturbance; and age-related osteoporosis without current pathological fracture. Observation on 04/27/21 at 10:15 AM, R27's door was closed. Subsequently, observed R27 in the room, seated in the wheelchair. R27 was screened for interview status, R27 would not answer questions or engage in conversation. R27 was observed in the dining room for lunch seated at a table alone. On 04/28/21 at 08:00 AM, R27 was observed up in wheelchair seated outside of the dining room in front of the nurses' station. Attempted to engage the resident in conversation, R27 kept closing her eyes. At 10:22 AM and 10:40 AM, R27 was observed sitting in her room. Observation on 04/29/21 at 10:15 AM and 03:05 PM found the door to R27's room was closed. R27 was not observed on the unit. Inquired with Registered Nurse (RN)1 why the resident's door is closed. RN1 responded the door is closed during care. further queried why it was closed now, RN1 replied because R27's roommate has behavior and presently on 1:1. Record review was done on 04/29/21 at 12:00 PM. A review of the admission/comprehensive Minimum Data Set (MDS) with assessment reference date (ARD) of 12/06/20 notes R27 yielded a score of four (severe cognitive	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 28 impairment) on the Brief Interview for Mental Status. R27 was interviewed for activity preferences. A review of Section F. Preference for Customary Routine and Activities found all activities were coded as somewhat important: books, newspapers, and magazine; listen to music you like; be around animals such as pets; keep up with news; do things with groups of people; do your favorite activities; get fresh air when weather is good; and participate in religious services. There is no activity preference coded as very important. The interview for daily preferences notes all of the following as somewhat important: choosing what clothes to wear; taking care of personal belongings or things; choosing a tub bath, shower, bed bath, or sponge bath; having snacks between meals; choosing bedtime; having family or close friend involved in discussions about care; using the phone in private; and having a place to lock things to keep them safe. A review of R27's care plan for activities, notes the resident has a preference to plan own daily activities of choice and may need support through offers of leisure materials. The interventions included: activities of current/past interest playing BINGO, doing exercise, going on nature strolls; continue to work with me/family for any new activities that can be provided; introduce me to other peers; participation barriers include acute respiratory failure with hypoxia; offer and invite me to watch the TV in the dining area; offer and provide me activity calendar and review programs as needed; offer me 1:1 visit as needed for socialization and to see if additional materials are needed for independent activities; and offer me religious programs when available.	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 29 There is no documentation of an activity assessment/evaluation which is specific to R27 to develop a person-centered care plan. The care plan does not specify which religious programs to offer; how to develop new activities; what television programs she may like to watch; and what activities to engage R27 in during 1:1 visits. On 04/30/21 at 08:32 AM an interview was conducted with the Activities Director (AD) and Administrator. Inquired whether the facility does an activity assessment/evaluation. The Administrator reported the MDS is used to assess residents for activities (Section F. Preference for Customary Routine and Activities). The AD reported upon admission, residents are asked their preferences for activities, it is written down; however, there are no copies of this interview or assessment. 9) Cross Reference F656. R28 was admitted to the facility on 08/26/20. Diagnoses include: unspecified dementia with behavioral disturbance; urinary tract infection, site not specified; primary insomnia; hallucinations, unspecified; seborrheic dermatitis, unspecified; atherosclerotic heart disease of native coronary artery without angina pectoris; malignant neoplasm of prostate; and peripheral vascular disease. Observation during the initial tour on 04/27/21 at 10:15 AM found R28 asleep in bed. Subsequently at 11:26 AM, R28 was asleep in bed. R28 was observed in the dining room at 12:15 PM for lunch. He was asking to go "holoholo" (go out for walk or ride). On 04/28/21 at 08:00 AM, R28 was in the room seated in a wheelchair with bedside tray placed over the lap.	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 30	4 145		

Medical Records staff member was observed leaving the room. When asked what the staff member was doing with R28, the staff member responded, R28 was seen throwing tissues on the floor, so it was picked up and thrown out. The staff member was agreeable to find someone to assist R28 with teeth brushing. On 04/28/21 at 09:24 AM, staff member assisted R28 to face time with spouse. At 10:40 AM resident observed asleep in bed. On 04/29/21 at 10:15 AM, R28 was up in wheelchair and preparing to face time with spouse. At 03:05 PM R28 was up in wheelchair with television on.

On 04/29/21 at 01:48 PM a record review was done. A review of the admission (comprehensive) Minimum Data Set (MDS) with assessment reference date of 09/01/20 found R28 yielded a score of one (severe cognitive impairment) upon administration of the Brief Interview for Mental Status. R28 was interviewed for daily and activity preferences. A review of Section F. Preference for Customary Routine and Activities found daily preferences were all coded as somewhat important: choose clothes to wear; take care of personal belongings; choose between a tub bath, shower, bed,bath, or sponge bath; have snacks between meals; chose bedtime; have family or close friend involved in discussions about care; se the phone in private; and have a place to lock your things to keep them safe. Preferences for activities were all coded as somewhat important: books, newspapers, and magazine; listen to music you like; be around animals such as pets; keep up with news; do things with groups of people; do your favorite activities; get fresh air when weather is good; and participate in religious services. There is no activity preference coded as very important. Further review found no documentation of an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 145	Continued From page 31 assessment to identify the resident's personal preferences (i.e. what activities are important, religious background, type of music or television program preferences, what activities to include in 1:1). A review of R28's care plan notes R28 is at risk for decreased, little or no activity involvement. The targeted date to meet goal is 12/27/20. Interventions include: assess and document my prior level of activity involvement and interests by talking with me, caregivers, family and significant others; encourage on-going family involvement; ensure the activities are compatible with physical and mental capabilities, known interests and preferences, individual needs and abilities; explain the importance of social interaction and leisure activity time; need assistance to activity function; face time with family; introduce me to residents with similar background, interests and abilities; invite me to scheduled activities; take me on daily nature strolls if weather permits; provide a program of activities that empowers me to make choices and encourage self-expression and responsibility; provide me with activities calendar; provide me with daily in-room visits and 1:1 activities; provide me with materials for individual activities (watching tv); and remind me that I may leave activities at any time and not required to stay for entire activity. Based on an activities assessment which identified R28's interest, preferences for activities, social history, R28's care plan does not reflect his personal preferences for activities, what activity to engage him in during one to one activities, what materials to provide for individual activities, and behaviors that may be triggered during activities. A review of the activity histor	4 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 159	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 observations, review of the facility's policy and procedures, and interview with staff members, the facility failed to ensure stored and served dry goods were kept in a tight and sealed container and the facility also failed to ensure the temperature of all cooked food textures (regular, mechanical, and pureed) on the tray line were held at an appropriate temperature before serving. As a result of this deficiency, residents are at risk of a food-borne illness and have the potential for more than minimal harm. Findings Include: 1) During the initial kitchen tour observation on 04/27/21 at 09:55 AM in the dry good storage room, observed a bag of powdered instant food thickener in bulk inside a box. The bag containing the powdered instant food thickener was left opened and not tightly sealed. Concurrent observation with Cook1 stated the bag of thickener must have been opened this morning. According to Cook, the thickener is not	4 159	1. Cook 1 and Cook 2 were re-inserviced on storage of dry goods and food temperatures by the Director of Nutritional Services. Inservices will be ongoing as needed. The thickener was re-stored appropriately. 2. The alleged practice has the potential to affect facility residents. 3. The dietary staff were re-inserviced regarding appropriate storage of food items and food temperature procedures and recording by the Director of Nutritional Services/designee. Inservices will be ongoing a needed. Dry storage items were reviewed to ensure compliance. 4. The Director of Nutritional Services / RD / designee will monitor compliance through observation and audit of storage areas and temperature logs and temping procedures 3 x weekly for a minimum of 12 weeks. Results of these audits will be brought to QAPI monthly for review and recommendations for a minimum of three	5/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 159	Continued From page 33 kept in a sealed container when opened but kept in the original box and the bag holding the thickener is sealed shut with a tie. Cook further stated the thickener should be sealed to prevent moisture from getting into the bag. Review of the facility's policy and procedure dated 04/12/21 provided by Dietary Supervisor (DS) and confirmed by Administrator states "Containers with tight fitting covers should be used for storing ...dry goods." 2) On 04/29/21 at 11:05 AM observed Cook2 checking holding temperatures of food to be served on the tray line. Observed Cook2 take the temperature of the cooked regular texture chicken at 168 degrees Fahrenheit (F) and log the temperature on the "Food Temperature Record" form. Observed Cook2 take and log the temperature of the regular hot vegetable at 176 degrees F, then drew a line down for the mechanical soft and pureed sections of the hot vegetable and meat/entrée (chicken), indicating the temperatures are all the same for the various food consistencies. On the form, surveyor observed the mechanical soft texture and puree texture sections for "Meat/Entrée," "Hot Vegetable," "Starch" and "Salad" had lines drawn through them with no temperature indicated on previous dates. Inquired whether Cook2 took the temperature for the mechanical soft and pureed chicken. Cook2 pointed to the temperature for the regular chicken. Further inquired if temperatures were taken separately for the mechanical soft and pureed chicken. DS assisted Cook2 and confirmed temperatures of the regular, mechanical soft and pureed textured food items should all be taken separately and logged in the Food Temperature Record.	4 159	months or until compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 159	Continued From page 34 Review of the Food Temperature Record from dates 04/25/21 to 04/29/21 for breakfast, lunch and dinner meat/entrée, lunch and dinner hot vegetable, lunch and dinner starch and lunch and dinner salad for the mechanical soft, puree, brown rice, and mashed potatoes have entries where temperatures were not logged but had lines drawn through them.	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 observation, record review, and interview with staff members the facility failed to develop and implement a comprehensive person-centered care plan for 11 of 22 residents in the sample. The facility did not identify the risk of declination of care poses, document efforts by the interdisciplinary team to educate the resident and document the facility's failed attempts to find alternative means to address care and treatment in the comprehensive care plan for resident (R)53 who refuses care and treatment. The facility failed to develop and implement the comprehensive care plan to prevent Urinary Tract Infections (UTIs) for R21 and R27 after hospitalization for UTI. As a result, the residents	4 174	1. Residents 10, 21, 27, 28, 29, 51, and 53's care plans were updated to reflect current needs. DON/MDS Coordinator / designee re-inserviced unit managers and the interdisciplinary team regarding person centered comprehensive care planning. Inservices will be ongoing as needed. 2. The alleged practice has the potential to affect facility residents. 3. Licensed nursing staff, Activity staff and Social Service staff were re-inserviced regarding person centered comprehensive care planning. Inservices will be ongoing as needed. Inhouse residents' care plans were reviewed and updated as needed. 4. MDS Coordinator / DON / Unit Managers/ designee will monitor compliance through audit of care plans	5/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 174	Continued From page 35 are at risk for recurrence of UTI and potential for rehospitalization. The facility did not assure R51's care plan for discharge lacked documentation of the discharge planning process. Based on individual activities assessment, the facility did not assure residents (R28, R29, R27, and R10)were provided with an individualized, person-centered care plan to meet their activity interests and needs. As a result of this deficiency, the residents are at risk of not reaching their highest practical level of mental and psychosocial well-being with the potential for more than minimal harm. Findings include: 1) R53's initial admission to the facility was 09/30/19. Diagnoses include but are not limited to low back pain, benign prostatic hyperplasia with lower tract symptoms, unspecified insomnia, dental caries, shortness of breath, unspecified malignant neoplasm of bladder, shortness of breath, other specified disorders of teeth and supporting structures, and dehydration. On 04/27/21 at 11:14 AM observed R53's door closed. After knocking on R53's door, R53 yelled from his bed for surveyor to come in. Upon opening the door an immediate unidentified unpleasant odor could be smelled from R53's room. Observed R53 seated on his bed looking through paperwork, the room was dark with minimal air circulation. On a second observation on 04/28/21 at 08:13 AM, observed R53 in his room independently eating breakfast in the dark with minimal air	4 174	weekly for a minimum of 12 weeks. Results of these audits will be brought to QAPI monthly for review and recommendations for a minimum of three months or until compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 174	Continued From page 36	4 174		

circulation. Prior to entering, R53's door was closed and upon entrance the same unpleasant odor could be smelled from R53's room.

Interview with Housekeeping Manager (HM) on 04/28/21 at 03:28 PM in front of R53's room, HM agreed that R53's room has an unpleasant smell and stated housekeeping cleans his room every day but does not know why his room smells. HM explained when R53 takes a shower staff try to open the windows to air out the room and when he returns from his shower, staff close the windows back up because R53 does not like his windows open. HM further stated that staff also tried putting air fresheners in his room but he did not like the air fresheners.

On 04/29/21 at 08:01 AM interviewed Certified Nursing Aide (CNA)2 about the smell from R53's room, CNA stated the smell is due to R53 refusing to shower and refusing assistance when incontinent. CNA explained that R53 showers about once a week due to his refusal. CNA proceeded to walk to R53's room and stated she will try to provide incontinence care now. CNA knocked on R53's door and waited for R53 to acknowledge her to come in. Surveyor entered the room and stayed next to the door as CNA approached R53 and asked R53 if she can provide care. CNA offered and R53 refused. CNA approached surveyor and stated when R53 refuses she tries to ask another staff member to come in with her and asks again. Sometimes R53 will yell and curse at staff when trying to provide care.

On 04/30/21 at 08:16 AM interviewed Registered Nurse (RN)3 regarding R53 refusing care. RN stated R53 does not want anyone in his room refuses, personal care and treatment, and it is a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 174	Continued From page 37 struggle to take his vitals due to refusal. Interview with DON, with Nurse Manager (NM) and unidentified staff present on 04/29/21 at 03:05 PM, DON stated the facility did not document strategies to address R53's refusal of care and treatment. Concurrent review of R53's care plan in the former electronic health record (EHR) and the current EHR was done with the Director of Nursing (DON) on 04/30/21 at 08:28 AM. Although the facility identified R53 is " ...at risk for skin breakdown r/t [related to] bowel and bladder incontinence, impaired physical and functional mobility, refusal of care" in the care plan, the care plan does not address the care or services being declined, the risk of the declination poses, document efforts by the interdisciplinary team to educate the resident and document the facility's failed attempts to find alternative means to address care and treatment. DON stated in the future they will document. 2) Cross with F690. Interview with R21 on 04/28/21 at 10:46 AM stated she was recently hospitalized due to a urinary tract infection (UTI). Review of R21's discharge summary indicates R21 was hospitalized and admitted on 02/11/21 and discharged back to the facility on 02/16/21. The discharge summary final diagnosis included congestive heart failure, atrial flutter, and UTI. Review of physician's order for R21 on 01/09/21 as needed, "If resident has 2-3 symptoms of UTI: dip urine PH strips, if positive collect urine	4 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 174	Continued From page 38 specimen for UA with C&S and send to lab. May straight cath. If unable to obtain clean catch ..." Concurrent record review with DON on 04/20/21 at 08:28 AM of R21's former and present EHR, R21's care plan does not address interventions to prevent UTI after re-admittance from a hospital to the facility. 3) R10's initial admission to the facility was on 04/12/18. Diagnoses include but are not limited to unspecified hypothyroidism, essential (primary hypertension), unspecified hyperlipidemia, unspecified Vitamin D deficiency, unspecified dementia without behavioral disturbance, unspecified single episode major depressive disorder, and adjustment disorder with other symptoms. Review of R10's quarterly Minimum Data Set (MDS) with an assessment reference date of 01/30/21, R10 scored a 10 (moderate cognitive impairment on the Brief Interview for Mental Status. Interview with R10 on 04/27/21 at 10:39 AM stated she would like to see more activities, "I like to go out, I am really pissed off about it! They don't even ask us if there is anything we want to do .... They treat us like morons, I feel like we are in prison ..." R10 further explained, she would like to go outside, go for a walk, sit outside in the sun, go to the store or church. Review of R10's care plan updated on 02/19/21, R21 is " ...at risk for (decreased, little or no) activity involvement r/t [related to] general weakness or no interest." An intervention included in R10's care plan includes "Allow me to sit out in the courtyard in line sight to catch some	4 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 174	Continued From page 39 sun ..." Review of R10's activity participation from 04/01/21 to 04/29/21, the facility did not offer R10 to sit outside in the courtyard. 4) R51 is an 85-year-old female who had a fall at home that resulted in a coccyx fracture. After discharge from the hospital, she was transferred to the facility on 02/09/21 for rehabilitation. Additional diagnoses included basal cell carcinoma on right side of nose, heart failure, acute kidney failure, hypertension, depression, and transient ischemic attack. R51 is alert and oriented with some forgetfulness at times. On 04/28/21 during an interview with R51, she said at the time of admission her intent was to return home after rehabilitation. R51 said she had help at home before the fall and felt she could go with some additional resources. R51 went on to say now she can barely walk, and the decision had been made she would remain at the facility for long term care. A review of R51's CP was conducted on 04/28/21 which revealed the following: The "Baseline Needs" included "Admit: I require a Baseline Care Plan that covers my admission and discharge goals ... The goal is discharge to my home." The Social Services Problem Baseline Needs section initiated on admission (02/09/21) had only the goal "Resident will have services coordinated to ensure optimal care and discharge goals." The "Approach ... Barriers to Resident's Discharge /Goals" was not completed. On 04/29/30 at approximately 09:00 AM during an	4 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 174	Continued From page 40 interview with Social Services Associate (SSA), she said social services does not do anything with resident care plans and was not sure who was responsible to complete them. On 04/29/30 at 09:16 AM during an interview with the Business Service Representative (BSR), she said she had been involved with assisting R51 and her daughter to obtain approval for long term care. BSR reviewed her personal notes and said R51 had been approved to stay at the facility and would not be returning home. On 04/29/21 at approximately 05:00 PM during an interview with the Director of Nursing (DON), she said the MDS coordinator had always done the care plans, but the nurses were going to be doing them and they were in the process of this change. The DON agreed R51's CP lacked documentation of the discharge planning process, and said she would expect to see this in the comprehensive CP. If discharge to the community is determined not to be feasible, the facility must document who made the determination, why and update the comprehensive care plan and discharge plan as appropriate. 5) Cross Reference to F679. Based on an activities assessment, R29's care plan did not include was not person-centered to reflect R29's activity preferences for watching television, what the resident likes to do during one to one visits, the type of activities that empowers her to make choices and encourage self-expression and how to address needed adaptations related to her vision loss during activities. 6) Cross Reference to F679. There is no	4 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 174	Continued From page 41 documentation of an activity assessment/evaluation which is specific to R27 to develop a comprehensive person-centered care plan for activities. The care plan does not specify which religious programs to offer; how to develop new activities; what television programs she may like to watch; and what activities to engage R27 in during 1:1 visits. 7) Cross Reference to F679. Based on an activities assessment which identified R28's interest, preferences for activities, and social history, R28's care plan does not reflect his personal preferences for activities, what activity to engage him in during one to one activities, what materials to provide for individual activities, and behaviors that may be triggered during activities. 8) Cross Reference to F690. R27 was admitted to the hospital for sepsis related to a urinary tract infection. A review of the record and interview with staff member confirmed the facility did not assure a care plan was developed to prevent recurrence of urinary tract infections.	4 174		
4 175	11-94.1-43(c) Interdisciplinary care process (c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care, and as necessitated by changes in the resident's condition. This Statute is not met as evidenced by: Based on observation, record review, and interview with staff member the facility failed to review and revise resident (R)53's care plan to	4 175	1. Resident 53's care plan was updated to reflect medication changes. Interdisciplinary team was re-inserviced	5/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125065	A. BUILDING: _____ B. WING _____	05/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HILO REHABILITATION & NURSING CENTEF	563 KAUMANA DRIVE HILO, HI 96720

(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
4 175	Continued From page 42 include changes in psychotropic medications and monitor side effects and behaviors associated with the psychotropic medication prescribed. Findings include: R53's initial admission to the facility was on 09/30/19. Diagnoses include but are not limited unspecified dementia without behavioral disturbance, over specified depressive episodes, unspecified insomnia, and psychotic disorder with delusions due to known physiological condition. Review of R53's physician's orders, R53 was prescribed Quetiapine (Seroquel) tablet 50 mg at bedtime for insomnia to start on 01/09/21. Concurrent review of R53's care plan in the previous electronic health record (EHR) and present EHR was done with the Director of Nursing (DON) on 04/30/21 at 08:28 AM. The DON agreed the care plan has not been reviewed and revised to include the monitoring of side effects and behaviors (insomnia) related to use of quetiapine.	4 175	regarding care planning and psychotropic medication changes by the DON/designee. Inservices will be ongoing as needed. 2. The alleged practice has the potential to affect residents with psychotropic medication changes. 3. DON/SDC/designee re-inserviced licensed nursing staff regarding updating care plans regarding psychotropic medication changes. Inservices will be ongoing as needed. 4. DON/unit managers/ designee will monitor compliance through audits of care plans weekly for a minimum of 12 weeks. Results of these audits will be brought to QAPI monthly for review and recommendations for a minimum of three months or until compliance is achieved.	