STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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 relicensing survey was conducted by the Office of Health Care Assurance (OHCA) on 05/25/21 to 06/01/21. The facility was found to not be in compliance with 42 CFR 483 Subpart B The SA also investigated the following Aspen Complaints/Incidents Tracking System (ACTS) #HI00008374 and #HI00008509 which were not substantiated. Survey Dates: 05/25/21 to 06/01/21 Census: 59 residents Sample Size: 16	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 observation, interview, and record review (RR), the facility failed to ensure the right to a dignified existence and self determination for four residents (R)30, R50, R27, and R22, by	4 115	Corrective Action: This facility will ensure that each resident is treated with respect and dignity and that care is delivered in an environment that	8/6/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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 ensuring that they were treated with respect and dignity. As a result of this deficient practice, these residents have experienced embarrassment, ridicule, sadness, frustration, and defeat, and have been prevented from attaining their highest practicable well-being. This deficient practice has the potential to affect all residents in the facility. Findings include: 1) R30 was a 42-year-old male admitted on 10/20/20 for long-term care with a diagnosis of Amyotrophic Lateral Sclerosis (ALS), a disease affecting nerve cells in the brain and spinal cord, causing progressive loss of voluntary movements and muscle control, and eventually leading to death. Since his admission, R30 had been isolated in a single room in the facility, leaving his room only to attend outside doctor appointments. On 05/26/21 at 09:41 AM, during an interview and concurrent observation with R30 in his room on the Lehua Unit, R30 described several situations where he felt staff had treated him disrespectfully. R30 reported that many of the Certified Nurse Aides (CNAs) on the morning shift were rude and lazy, grumbling when he asked for help, ignoring him as they "talk[ed] story" over him, sometimes speaking in Filipino and laughing while changing his incontinence brief, and gossiping about other staff and residents as if he was invisible. When he has asked them to stop, he was ignored. R30 stated that sometimes when he asks to be turned, cleaned, or repositioned and pulled up in bed, the CNAs have treated him roughly and carelessly, leaving him uncomfortably positioned on his side longer than necessary, dropping his legs, grabbing his arm to turn him instead of using the draw mattress, or insisting that he is	4 115	promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. Resident #30 was interviewed regarding reported complaints on 6/1/21. Resident did report that there were staff members that did not know how to use the air tap mattress. Resident #30 did not name specific staff, but stated that it was "the day shift". Training on use of the air-tap mattress and proper positioning was done by the rehab department with the day shift staff that were assigned to this unit on 5/28/21. These staff members were also educated on customer service and positioning on 6/20/21. He also named three staff members that spoke in the Filipino language while caring for him. These staff members have been provided education by the Director of Nursing, which was completed on 6/29/21. Resident was educated on how to report complaints and grievances by the Social Worker on 6/29/21. Resident #50 was provided with a privacy bag to cover her urinary catheter collection bag on 5/26/21. Resident #50 was interviewed by the Director of Nursing on 6/25/21 regarding reported complaints. The resident named a specific CNA, stating that she was saying "the bushes, the bushes are on fire" while performing care on her. She states that this happened during the week of survey and that she did not report it to the charge nurse because she didn't want to bother her because she was too busy. The resident states that she does not have any	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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 fine positioned the way he is. The thing that bothers him the most is how careless they are with positioning the draw mattress under him. R30 stated that it is always too high, so that when it is inflated, he is hanging off it from the hips down. When he asks the morning CNAs to fix it, they usually either tell him that it does not need to be fixed, or that they will fix it "later". The poor positioning of the draw mattress was confirmed through direct observation. There was noted to be approximately two feet of the deflated draw mattress hanging down off the head of the bed. R30 stated that when positioned correctly, the top of the draw mattress should be behind his shoulders. When asked, R30 stated that he had shared some of what had been going on with Restorative Nurse Aide (RNA)2. On 05/27/21 at 09:45 AM, during a phone interview with RNA2, RNA2 confirmed that R30 had discussed some of the morning CNAs with her. RNA2 stated that R30 had complained to her that some of the CNAs make him feel uncomfortable and that they do not position him properly. RNA2 shared that she had observed times when the draw mattress was not positioned correctly, or R30 had a wet incontinence brief, and she would call the CNAs in to fix it, R30 would ask her to please stay and watch the CNAs to make sure they did it right. RNA2 also stated that once she had observed a CNA grab R30's hand to pull him for turning and she had immediately intervened and instructed the CNA on how to turn him safely using the draw mattress. RNA2 stated she did not document any of this but had reported some of it to the Assistant Administrator. On 05/27/21 at 12:54 PM, an interview was done with the Assistant Administrator in her office. The	4 115	problem with the employee but would like her to be educated. Education was provided to this employee regarding customer service and resident rights on 6/30/21. On March 3, 2021, the resident was asked about her shower schedule preference during care plan conference and it is documented that she requested to continue showers two times per week. Resident was again asked about her shower schedule on 6/25/21 and she reported that when she was first admitted she wanted to shower more than three days a week, but is now showering on Tuesdays and Fridays and would like to remain on this shower schedule. She states that she will notify staff if she would like to be showered more often. Resident #27 was not provided a napkin during his meal per report. Staff assigned to the resident's unit were educated on ensuring that napkins were provided to the resident at meal time on 6/25/21. The plan of care was updated to indicate the resident's preference to keep a napkin on his chest area during meals on 6/25/21. Resident #22's soiled incontinence brief and wipes were discarded on 5/27/21. Plastic trash bags were provided to staff for use during incontinent care on 6/23/21. Staff that were assigned to his unit were educated on incontinent care and proper disposal of waste on 6/25/21. All residents have the potential to be affected by this deficiency. The Director of Nursing and Facility	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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 3 Assistant Administrator acknowledged that RNA2 had come to her with some of R30's concerns, but the way it was presented to her, she was unaware that R30 had complaints of specific nursing staff and took the relayed concerns as a need for additional education of all nursing staff. The Assistant Administrator stated that she did speak to R30 twice to assess whether he had any complaints against specific staff, and twice he denied it. As a result, the assessments and denials were not documented anywhere, but additional education pertaining to R30's positioning, pain, and disease management was provided to nursing staff. 2) R50 was a 58-year-old female admitted on 10/06/16 for long-term care with diagnoses including quadriplegia (paralysis of all four limbs), schizophrenia, chronic obstructive pulmonary disease (COPD), and non-insulin dependent diabetes. On 05/25/21 at 01:09 PM, an observation and interview were done of R50 in her room on the LU. R50 was observed with an indwelling catheter with dark yellow urine in the tube, draining into a urinary bag with no privacy cover that was hooked under her bed. R50 stated she spends much of the day in her room, but usually gets out of bed and goes out to the Solarium every morning. On 05/26/21 at 11:30 AM, during an interview of R50 in her room on the LU, R50 tearfully described several situations where staff have treated her disrespectfully. R50 reported that sometimes staff yells at her, and when she asks, "why are you yelling at me?", staff tells her she is the one yelling. Other times staff have treated her roughly when they were changing her	4 115	Superintendent or designees will be responsible for ongoing compliance. Systemic Changes and Monitoring: Education will be provided for all CNAs regarding customer service, use of air tap mattress and positioning. Education will be provided for all CNAs regarding preparing residents for meals. Education will be provided for all CNAs regarding use of privacy bags for residents with urinary catheters, incontinent care and proper disposal of waste, and resident rights. All residents and their responsible party will be educated on how to report complaints and grievances. The Director of Nursing and Facility Superintendent will conduct room rounds, which will include monitoring these issues, Monday - Friday for 90 days to monitor the effectiveness of these changes and ensure that correction is achieve and sustained. The results of these rounds will be reported to the QAPI committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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 4	4 115		

incontinence brief, or they have teased her when they turn her onto her back, exposing her privates, and saying "oh look, the bushes, the bushes", pointing and laughing. When R50 has asked staff to stop the disrespectful behavior, staff has denied the events happening. R50 stated that she receives a bed bath three times a week but would like to be bathed more frequently. When she has requested more baths, "they told me I was too heavy." R50 also reported that "sometimes the CNAs [certified nurse aides] don't want to come into the room to help me, sometimes it makes me upset, and I start crying, sometimes I don't know who really to talk to."

On 05/26/21 at 11:49 AM, an observation and concurrent interview was done with licensed practical nurse (LPN)2 at the bedside of R50. R50's urinary collection bag for her indwelling catheter remained uncovered and was positioned flat on the floor under her bed. When pointed out to her, LPN2 agreed that the catheter bag should have a privacy cover and should not be on the floor. LPN2 immediately left the room to grab a privacy cover and a container for the bag to sit in.

On 05/27/21 at 12:25 PM, a RR was done of R50's Quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 04/20/21. It was noted that R50 had yielded a score of 15 (cognitively intact) for her Brief Interview for Mental Status (BIMS).

3) R27 was a 72-year-old male admitted on 07/25/20 for long-term care with diagnoses including Parkinson's Disease, schizophrenia, epilepsy, hypertension (high blood pressure), and asthma. Despite the tremors in both hands related to his diagnoses, R27 could still eat his meals independently with minimal assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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 5 On 05/25/21 at 01:17 PM, an observation and interview were done with R27 in his room on the LU as he was eating his lunch. R27 was observed having difficulty cutting his piece of chicken with both hands shaking uncontrollably, inadvertently pushing food off his plate. Milk could be seen dripping down R27's beard and the front of his shirt. When asked if he needed any help, R27 looked embarrassed, wiping his beard with his hand saying, "I usually keep my napkin right here [pointing towards his chest], but they didn't give me one today and then they left before I could ask." 4) R22 was a 27-year-old non-verbal male admitted on 09/02/12 for long-term care, with diagnoses including quadriplegia (paralysis of all four limbs), history of traumatic brain injury, and a gastrostomy (a tube surgically inserted into the stomach for nutritional support). R22 was completely dependent on staff for all his activities of daily living (ADLs). On 05/27/21 at 01:21 PM, an observation was done in R22's room on the LU. R22 was lying awake in bed, alone in his room, just after having his incontinence brief changed. At the foot of his bed directly below his feet was a balled up, soiled incontinence brief and two dirty incontinence wipes. On 05/27/21 at 01:47 PM, RNA1 was observed at R22's bedside, working with him using a stand exerciser. The soiled incontinence brief and dirty wipes had been removed from the foot of the bed. RNA1 stated she discarded the items when she saw them and agreed that the CNAs should not have left them there.	4 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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
4 149	Continued From page 6	4 149		
4 149	11-94.1-39(b) Nursing services (b) Nursing services shall include but are not limited to the following: (1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty- first day after, or simultaneously, with the initial interdisciplinary care plan conference; (2) Written nursing observations and summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and (3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided. This Statute is not met as evidenced by: Based on observations, staff interviews, and record reviews, the facility failed to ensure a comprehensive care plan was developed and implemented within 5 days of admission. An activity CP was not developed for R30's, who was placed in isolation due to the resident's diagnoses, until a few months after the resident's admission. The activity CP which later developed did not address R30's mental and psychosocial needs or risk due to on-going social isolation. As	4 149	Corrective Action: This facility will ensure that a comprehensive person-centered care plan is developed and implemented for each resident. Resident #30's activities plan of care was updated to include interventions that are specific to the resident's needs after being interviewed by the activities director on	8/6/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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
4 149	Continued From page 7 a result of these deficient practices, R30 is at risk for a decline in their quality of life, prevented from attaining their highest practicable well-being, and at risk for psychosocial harm. This deficient practice has the potential to affect all the residents in the facility. Findings include: R30 was a 42-year-old male admitted on 10/20/20 for long-term care with a diagnosis of Amyotrophic Lateral Sclerosis (ALS), a disease affecting nerve cells in the brain and spinal cord, causing progressive loss of voluntary movements and muscle control, and eventually leading to death. Since his admission, R30 had been isolated in a single room in the facility, leaving his room only to attend outside doctor appointments. Due to medical interventions to manage his ALS symptoms, R30 was placed on droplet plus transmission-based precautions (TBP), requiring all who entered his room to wear gloves, a gown, an N95 respirator and a face shield. R30's only social interactions since his admission were either with the limited staff who entered his room (due to TBP), or through communication he independently initiated on his personal devices. During an interview with R30 in his room on the Lehua Unit on 05/26/21 at 09:53 AM, R30 stated that he recalled "maybe twice" since admission where someone had come in to offer him a book, magazines, or puzzles to do. R30 continued to state that he spends much of every day alone in his room and has never been offered any assistance in setting up a FaceTime call, Zoom Meeting, or window visit with his family. Yesterday was the first time R30 was able to have visitors. R30 stated that prior to the visit, he communicated on his own with his family, without	4 149	6/28/21. All residents have the potential to be affected by this deficiency. Responsible Person: The RAI coordinator or designee will be responsible for on-going compliance. Systemic Changes and Monitoring: RAI coordinator will monitor to ensure that the comprehensive care plans are completed by Day 21 after admission and quarterly during care plan conference. The RAI coordinator or designee will monitor for 90 days to ensure correction is achieved and sustained and will report results to the QAPI committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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
4 149	Continued From page 8 assistance or communication devices offered by the facility. On 05/28/21 at 09:49 AM, a RR of R30's CP was done. It was noted that R30's Activity Care Plan was not initiated until 01/14/21 and included no interventions specific to his unique situation. This was confirmed with the MDS Coordinator (MDS1) during an interview in her office at the same time. MDS1 agreed that R30 had a higher need for person-centered activities due to his isolation, and that his Activity Care Plan should have been developed and implemented sooner. It was also noted that although R30's CP did address his psychosocial well-being soon after admission, it was in the context of short-term isolation and restrictions related to COVID-19, and not the long-term isolation related to his disease management. The interventions included in this part of his CP were no different than any other resident in the sample.	4 149		
4 218	11-94.1-55(e) Housekeeping (e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on interviews and observations, the facility failed to ensure the resident's right to a safe, clean, and comfortable environment for everyday living. In various rooms throughout the facility paint was worn and peeling from the walls, an air conditioner was leaking in a room, air conditioner hose laying on the ground, a ceiling tile was cracked/loose, and there were black marks along the interior of the wall.	4 218	Corrective Action: This facility will provide a safe, clean, comfortable and homelike environment, including, but not limited to, receiving treatment and supports for daily living safely. Resident #4 has been discharged from the facility and is unavailable for interview. There is documentation per the	8/6/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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
4 218	Continued From page 9 Findings include: 1) On 05/25/21 at 11:51 AM, conducted an interview with Resident (R)4 and quiered the resident regarding the cleanliness of the resident's room. R4 stated for two months housekeeping has not cleaned this resident's side of the room. However, housekeeping has cleaned the R4's roommate's side of the room. On 05/25/21 and 05/26/21 during the day shift, while on the Maile Unit this surveyor did not observe housekeeping staff. An interview was done 05/27/21 at 11:30 AM with Maintenance worker (M)1. M1 stated, "we (the facility) have only three housekeepers, and now we are hiring utility workers." Utility workers are able to work in housekeeping, kitchen (do not handle food), and maintenance departments. 2) On 05/27/21 at 12:00 PM, while on the Maile Unit, an observation was made of a ceiling tile open in the hallway and an air conditioner (AC) leak (which was contained with a dumpster). Upon inquiry of the observation, Licensed Nurse (LN)1 stated there an AC unit was leaking and maintenance was fixing it. LN1 also stated it happens all the time and that is why we have the portable along the hallway. A tour of the facility was done on 05/27/21 at 1:23 PM. This surveyor observed the following: wall paint wear and tear in Rooms 115 A/B, 116A/B, 117A/B, 119, 121A; leaking and stained ceiling panels were noted near Room 210; cracked ceiling tile noted near Room 238; black skid marks on walls in Rooms 236 and 234; ceiling panel loose at area of Room 230; worn down pain and black stain on wall of Room 236; black skid marks on wall of Room 218-220; and a portable	4 218	housekeeping daily checklist that all required cleaning tasks were completed for this resident's room in the months of April and May of 2021. In addition, a complete wipe down of the resident's room was completed on 5/13/21. Upon his discharge on 6/1/21, room 222 was cleaned and carbolized. The Maintenance supervisor inspected rooms 115A/B, 116A/B, 117A,B, 119, 121A and 236 on 6/22/21 and is working on plans to repaint these rooms. Rooms 218, 220, 234, and 236 were assessed by the Facility Superintendent on 6/25/21 and it was determined that these rooms will also need to be included on the painting schedule. All rooms listed will be repainted by 8/6/21. The portable AC hose near the wall of room 226 and 226 was repaired on 6/22/21. The ceiling tiles in hallway near room 210 and 238 were replaced on 6/29/21. The ceiling tile in room 230 was replaced on 6/29/21. All residents have the potential to be affected by this deficiency. Responsible Person: The Facility superintendent or designee will be responsible for ongoing compliance. Systemic Changes and Monitoring: The housekeeping staff will continue to complete a daily checklist for each room to ensure that all tasks are completed. The inspections of paint and ceiling tiles	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125032	A. BUILDING: _____ B. WING _____	06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA, HI 96727

(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
4 218	Continued From page 10 AC hose laying on the ground near the wall of Room 226 and 228. LN1 stated the portable AC hose laying on the ground ".. fell down and is not connected". On 05/27/21 at 02:00 PM, conducted an interview with M2. M2 stated, "We (the facility) are trying to replace units (AC) one at a time. We are looking at our Maile wing to upgrade. I change units all the time and the ceiling tile. We can only do one job at a time. We have been doing this since 1995. Bottom line is that everything costs money."	4 218	for all rooms will be added to the maintenance department's monthly checklist. The facility superintendent will monitor both the housekeeping and maintenance checklists for 90 days to ensure compliance and ensure that correction is achieved and sustained. Findings will be reported to the QAPI committee.	