STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey was conducted by the Office of Health Care Assurance (OHCA) on 07/18/2022 to 07/22/2022. The facility was not in substantial compliance with 42 CFR §483 Subpart B. Four facility reported incidents (ACTS #9573, #9591, #9383, and #9448) were investigated. ACTS #9448 was substantiated, and ACTS #9573, #9591, and #9383 were not substantiated. Survey dates: 07/18/2022 to 07/22/2022 Census: 214 Sample size: 35	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and	F 550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/16/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 550	Continued From page 1 practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to ensure staff interacted with a resident in a manner to maintain the resident's dignity for 1 (Resident #64) of 1 sampled resident reviewed for abuse. Specifically, a facility certified nursing assistant (CNA #15) placed her finger over Resident #64's mouth to attempt to quiet the resident in the presence of the resident's roommate and other staff. The facility corrected the failed practice prior to the survey; therefore, the findings are cited below as past noncompliance and do not require a plan of correction. Findings included: Review of a "Resident Face Sheet" revealed the	F 550	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 550	Continued From page 2	F 550		

facility admitted Resident #64 on 02/04/2022. The resident had diagnoses including dementia with behavioral disturbance, anxiety disorder, and metabolic encephalopathy.

Review of a quarterly Minimum Data Set (MDS), dated 05/01/2022, revealed Resident #64 scored 3 on a Brief Interview for Mental Status (BIMS), which indicated severe cognitive impairment. The resident required extensive assistance of two or more people with bed mobility and transfer. The MDS did not indicate the resident had behavioral symptoms.

A review of a "Progress Note," dated 06/09/2022, documented Resident #64 reported that a CNA "shooshed [him/her] but put her finger on [resident's] mouth instead of her own." The resident became upset and stated the CNA hit his/her mouth.

A review of a "Progress Note" dated 06/09/2022 revealed the Social Services Assistant (SSA) interviewed the resident with a translator present regarding the resident's report. The resident stated he/she remembered the situation and explained that, while the employee was providing care, the resident started to talk loudly and the employee "shushed" him/her by placing her finger on the resident's lips abruptly and unintentionally hitting his/her chin area. The resident stated he/she was not fearful and would like to continue to receive care from the staff member if she realized what she did was wrong and was educated. The resident was appreciative of the follow-up and had no further concerns. The resident's Power of Attorney (POA) was informed of the situation and that a report was being made.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 550	Continued From page 3	F 550		

During an interview on 07/20/2022 at 8:59 AM, CNA #15, the accused staff member, indicated she had been giving showers on 06/09/2022, when another staff member asked her to help Resident #64 because the resident was yelling and upsetting the roommate. CNA #15 reported she spoke Resident #64's native language, so she was often asked to help the resident. CNA #15 reported when she entered the room, Resident #64 was yelling, and the roommate was getting upset. CNA #15 revealed she gently placed her finger near Resident #64's mouth and calmly asked the resident to hush or be quiet in his/her native language. Resident #64 stated CNA #15 had hit him/her. CNA #15 attempted to explain that she did not hit the resident, then left the room and reported the incident to other staff. CNA #15 reported she had worked at the facility for two years and had been a CNA for three years. She indicated she had never been accused of abuse by any other resident.

During an interview on 07/20/2022 at 9:19 AM, Housekeeper #1 revealed she entered the resident's room on 06/09/2022 and overheard him/her yelling. She went into the bathroom to clean and heard CNA #15 come into the room and ask the resident what he/she needed. Housekeeper #1 indicated she continued to clean the bathroom and did not witness any abuse.

On 07/20/2022 at 11:17 AM, an interview was conducted with Resident #64, with an interpreter, Registered Nurse (RN) #6, assisting. Resident #64 indicated he/she liked living at the facility and stated the staff were nice to him/her. The resident could not remember any staff hitting or abusing him/her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 550	Continued From page 4	F 550		

During an interview on 07/21/2022 at 10:04 AM, the Director of Nursing (DON) revealed he was aware of the resident's allegation but did not play a role in the investigation of it. However, he expected his staff to treat residents with respect and to report any form of abuse immediately.

During an interview on 07/21/2022 at 10:16 AM, the Social Services Director (SSD) revealed the incident was first reported to the Social Services Assistant (SSA), but the SSD was also informed of the allegation and was kept in the loop during the investigation. The SSD revealed he CNA "shushed" the resident, but in the resident's culture, it was supposed to be a calming method. The SSD indicated the gesture, while culturally correct, may not be viewed as professionally correct. The SSD indicated Resident #64 did not feel unsafe; he/she just did not like being shushed.

During an interview on 07/21/2022 at 12:47 PM, the Administrator revealed CNA #15's gesture to Resident #64 was a cultural thing, but CNA #15 was suspended immediately pending the investigation. After the investigation was completed, it was determined that CNA #15 did not abuse Resident #64.

The facility corrected the failed practice on 06/09/2022 prior to the survey entrance date, as evidenced by the following:
- The staff reported the incident to the Administrator, who submitted a report to the state survey agency on 06/09/2022.
- The facility completed an investigation, including interviewing Resident #64 with the assistance of an interpreter, and suspended CNA #15 while the investigation was ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 550	Continued From page 5 - CNA #15 was educated and, upon her return to work, was reassigned to a different team. - Interview with the Resident Council on 07/20/2022 at 9:30 AM revealed no concerns with staff treatment of residents. The Resident Council President stated staff were very good and worked very hard. He/she also stated the facility was very good about responding and assisting residents with any grievances. - Observations and interviews conducted throughout the survey from 07/18/2022 through 07/22/2022 revealed no concerns with staff interactions with residents. Additionally, review of the educational transcript for CNA #15 indicated she completed training courses titled, "Communicating with People with Dementia" and "Protecting Resident Rights in Nursing Facilities" on 06/27/2021.	F 550		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, interviews, and facility policy review, the facility failed to regularly assist residents with grooming and personal hygiene for 2 (Resident #95 and Resident #189) of 3 sampled residents reviewed for assistance with activities of daily living (ADL) care. Specifically, Resident #189's fingernails were observed to be long and dirty, and Resident #95's toenails were observed to be long and curling over the ends of the toes.	F 677	F677 ADL care provided for Dependent Residents Corrective Action This facility will ensure that all staff regularly assist residents with grooming and personal hygiene, including but not limited to cutting their nails. Resident 95 nails were trimmed on	9/9/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 677	Continued From page 6 Findings included: A review of the facility policy titled, "Nails, Care of Finger and Toe," dated as reviewed 03/10/2015, revealed, "Responsibility: Licensed Nurse and Nursing Assistant. Purpose: 1. To provide cleanliness. 2. To prevent spread of infection." The policy also indicated, "Care of fingernails and toenails and the amount of assistance the resident requires should be listed in the plan for personal grooming." 1. A review of a "Resident Face Sheet," dated 06/15/2022, revealed Resident #189 was admitted for surgical aftercare following surgery on the nervous system with a diagnosis of rheumatoid arthritis, osteoarthritis, polyneuropathy, muscle weakness, and back pain. A review of Resident #189's admission Minimum Data Set (MDS), dated 08/16/2022, revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating the resident had moderate cognitive impairment. Per the MDS, the resident did not reject care during the assessment period and required extensive physical assistance of one person for bed mobility, dressing, toileting, and personal hygiene. A review of Resident #189's care plan, dated as initiated 06/15/2022, revealed the resident required assistance in performing, improving, or maintaining some or all ADL activities. An intervention indicated the resident required moderate assistance from one staff member for grooming.	F 677	07/22/22 Resident 189 nails were trimmed on 07/22/22. Direct care staff will receive education regarding resident ADL care, including dignity and grooming from 08/15/22 □ 08/19/22. Facility residents have the potential to be affected by the alleged practice. Responsible Person Neighborhood Supervisors will be responsible for on-going compliance. Systemic Changes and Monitoring Interdisciplinary team will conduct weekly Facility Focus Round audits to ensure that resident grooming, including but not limited to nail care, is being followed. Results of these weekly audits will be brought to the monthly Quality Assurance and Performance Improvement (QAPI) meeting for review and recommendation for a minimum of 3 months and/or until compliance is achieved. Date of Correction Compliance will be met by 09/09/22 and on an ongoing basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 677	Continued From page 7	F 677		

A review of Resident #189's "Progress Notes," dated 06/15/2022-07/22/2022, revealed no nail care documentation.

Observation on 07/18/2022 at 3:12 PM revealed Resident #189 was in the hallway outside his/her room. The resident's fingernails were long, extending approximately 1/8th inch beyond the nail beds. The fingernails were visibly dirty and there was dry skin flaking from the resident's fingers.

During an interview with Resident #189 on 07/18/2022 at 3:12 PM, the resident stated he/she had asked staff to trim his/her nails, and the staff stated they would help if they had time. The resident stated he/she had not seen that staff member again. The resident stated he/she had asked several staff members, but no one had helped to trim his/her nails.

Observation on 07/19/2022 at 11:45 AM revealed Resident #189 was in the hallway outside his/her room. The resident's fingernails remained long and visibly dirty.

During a follow-up interview with Resident #189 on 07/20/2022 at 11:30 PM, the resident stated no staff had come by to trim his/her fingernails or toenails and he/she would still like them trimmed.

During an interview on 07/21/2022 at 10:26 AM, Certified Nurse Assistant (CNA) #8 revealed she had worked at the facility for 21 years. She stated activities staff would hold groups for nail cleaning and polishing, and if a resident requested nail care, she would let nursing know. She stated the nurse usually assisted the residents with nail care. She stated she had worked with Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 677	Continued From page 8	F 677		

#189, and the resident had not requested nail care from her.

Observations on 07/21/2022 at 10:43 AM revealed Resident #189 was in his/her room. The resident's fingernails remained long and visibly dirty.

During an interview on 07/21/2022 at 10:50 AM, CNA #9 stated she had worked at the facility for three years and regularly worked on Resident #189's hallway. She stated CNAs could provide nail care to residents upon request, but sometimes nail care was missed if staff got busy. She stated residents' fingernails and toenails should be checked during bathing and other ADL care activities. Upon observing Resident #189's fingernails, CNA #9 acknowledged they were too long and should be trimmed.

Observation on 07/21/2022 at 2:02 PM revealed Resident #189 was in his/her room. The resident's fingernails remained long and visibly dirty.

During an interview on 07/21/2022 at 2:04 PM, Registered Nurse (RN) #4 stated nurses checked residents' fingernails and toenails weekly during skin assessments. She stated if the nails were too long, nursing staff should help trim them. She stated nurses would also look to see if the resident was diabetic or required podiatry before providing care. She stated CNAs should provide nail care if they noticed care was needed. She stated CNAs usually only clipped fingernails, and the nurses or podiatry would clip toenails. She stated ideally, nail care should be provided weekly. She stated nail care was not documented anywhere. She stated she was familiar with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 677	Continued From page 9	F 677		

Resident #189, and the resident had not requested nail care from her.

During an interview on 07/21/2022 at 2:27 PM, the Social Services Director (SSD) stated nail care was provided by nursing staff upon request. She stated the activity department held nail groups where they assisted residents to clean, trim, and paint their nails. She stated most of the activity staff were CNAs, so they could provide nail care. She stated if residents needed more "in depth" services, they would be sent to the physician's office. She stated nail care should be provided by nursing and activity staff members, and if any special care was needed, it would be scheduled by the unit clerk. She stated she was not sure of the facility protocol for or frequency of resident nail care. She stated she was familiar with Resident #189. She stated requested care should be provided to residents from nursing staff if they were able to complete it. She stated Resident #189 was on the West Unit and sometimes routine care on that unit could be overlooked or a resident not offered activities due to their short stays. She stated at times, residents would just mention something and not outright ask for it.

During an interview on 07/22/2022 at 8:13 AM, the Director of Nursing (DON) stated he expected nail care to be done routinely and as needed. He stated the activity department held a nail care group, and some residents, specifically diabetic residents, received care from podiatry. He stated nurses should be checking residents' nails during the weekly skin checks. He stated there were cultural considerations to consider about nails and hair at the facility, so staff should check with the resident or their family before just cutting

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 677	Continued From page 10	F 677		

them. He stated if the nails were getting long and the resident could scratch him/herself, nail care should be offered. He stated he was not aware of Resident #189 requesting or needing nail care from staff.

During an interview with the Administrator on 07/22/2022 at 8:44 AM, she stated she expected resident nails to be clean and kept short, unless the resident preferred them long and painted. She stated staff should be providing nail care during bath time and should trim them if needed. She stated if a resident requested nail care, it should be provided. She stated if the resident was a diabetic, nail care should be provided only by a nurse or podiatrist. She stated she was not aware that Resident #189 requested or needed nail care.

2. A review of a "Resident Face Sheet" revealed Resident #95 had diagnoses including dementia and cognitive communication deficit.

A review of a quarterly Minimum Data Set (MDS), dated 05/20/2022, revealed Resident #95 scored 2 on a Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. The resident required the extensive assistance of two or more people for personal hygiene and physical help of one person for part of the bathing activity.

A review of a care plan, dated 02/01/2022, revealed Resident #95 required assistance performing, improving, or maintaining some or all ADL activities. The approaches included that the resident was totally dependent for bathing, grooming, and hygiene.

Observation on 07/18/2022 at 3:53 PM revealed Resident #95's toenails were long and curling

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 677	Continued From page 11	F 677		

over the ends of his/her toes.

During an interview on 07/20/2022 at 1:34 PM, Registered Nurse (RN) #2 checked Resident #95's feet and described the resident's toenails as long and curling over the toes in some spots. RN #2 stated the toenails needed to be trimmed.

During an interview on 07/20/2022 at 1:18 PM, Certified Nursing Assistant (CNA) #1 stated nails were trimmed when staff noticed it was needed. The CNA stated the CNAs did toenail care on residents who were not diabetic. CNA #1 stated nail care was not documented anywhere and, she thought Resident #95 went to the podiatrist but was not sure.

During an interview on 07/20/2022 at 1:29 PM, RN #2 stated she did not know if Resident #95 had an order to see the podiatrist, but that the resident's feet were fine and the resident was not diabetic. RN #2 stated nurses took care of residents' nails and that it was done when needed. RN #2 stated nails were checked by nursing during the physical assessment that was done weekly.

During an interview on 07/20/2022 at 3:37 PM, Licensed Practical Nurse (LPN) #1 stated nurses and CNAs did nail care. LPN #1 stated she recalled completing the skin assessment for Resident #95 earlier that week and did not recall seeing the resident's feet. LPN #1 stated she should have noticed the nails on the skin assessment. LPN #1 stated Resident #95 did refuse some things but did not recall Resident #95 ever refusing nail care.

During an interview on 07/22/2022 at 8:19 AM,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 677	Continued From page 12 the Director of Nursing (DON) stated he expected nail care to be done regularly. The DON stated nurses should check nails with the skin assessments and, if nails were not trimmed, there was a risk of injury. During an interview on 07/22/2022 at 8:44 AM, the Administrator stated residents' nails should be kept short and clean unless the resident had a different preference for their nails.	F 677		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to provide pressure ulcer care in accordance with professional standards of practice for 1 (Resident #95) of 1 sampled resident reviewed for pressure ulcer care. Specifically, a licensed nurse failed to apply the correct type of dressing to a stage 4 pressure ulcer as ordered by the physician for Resident #95.	F 686	F686 Treatment/Svcs to Prevent/Heal Pressure Ulcer Corrective Action This facility will ensure that it provides pressure ulcer care in accordance with the professional standards of practice. RN 1 received documented education on	9/9/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 686	Continued From page 13 Findings included: Review of a facility policy titled, "Dry, Clean Dressings," dated 09/14/2017, revealed, "Preparation: 1. Verify that there is a physician's order for this procedure. (Note: This may be generated from a community protocol.) 2. Review the resident/guest's care plan, current orders, and diagnoses to determine if there are special resident/guest needs. 3. Check the treatment record." The policy also indicated, "17. Apply the ordered dressing and secure with tape or bordered dressing per order." A review of a "Resident Face Sheet" revealed Resident #95 had diagnoses including dementia, cognitive communication deficit, and stage 4 pressure ulcer of the sacral region. A review of a quarterly Minimum Data Set (MDS), dated 05/20/2022, revealed Resident #95 scored a 2 on a Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. The MDS revealed Resident #95 had one stage 4 pressure ulcer and received pressure ulcer/injury care. A review of a care plan, dated 02/01/2022, revealed Resident #95 had a stage 4 pressure ulcer to the sacrum. Planned approaches included rendering treatment as ordered to the sacral ulcer, notifying the primary care physician for adjustment of treatment as needed, and providing treatment as indicated. A review of the "Active Orders," revealed Resident #95 had a physician's order dated 07/06/2022 for a Maxorb Extra Ag (silver-calcium alginate) dressing. The directions were to cleanse	F 686	following physician orders on 07/22/22. Resident #95 orders were reviewed on 07/22/22 to ensure appropriateness and availability of provider ordered dressings. Direct care staff will receive education regarding following physician orders from 08/15/22 □ 08/19/22. Purchasing staff educated from 08/15/22-08/19/22, on ensuring correct provider ordered dressings are available. Facility residents have the potential to be affected by the alleged practice. Responsible Person Neighborhood Supervisors will be responsible for on-going compliance. Systemic Changes and Monitoring Interdisciplinary team will conduct weekly Facility Focus Round audits to ensure that all residents, including Resident #15, pressure ulcer treatment orders are being followed and that correct provider ordered dressings are available. Results of these weekly audits will be brought to the monthly Quality Assurance and Performance Improvement (QAPI) meeting for review and recommendation for a minimum of 3 months and/or until compliance is achieved. Date of Correction Compliance will be met by 09/09/22 and on an ongoing basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 686	Continued From page 14	F 686		

the sacral pressure ulcer with normal saline, pat dry, apply silver alginate, and cover with a foam dressing on Mondays, Wednesdays, Fridays and as needed (PRN) if dislodged.

On 07/21/2022 at 11:05 AM, the surveyor observed wound care for Resident #95, performed by Registered Nurse (RN) #1. The pressure ulcer to the resident's sacrum was pink/red with no odor or signs of infection. RN #1 measured the wound to be 3.2 centimeters (cm) by 1.8 cm, with a 0.7 cm area of tunneling, and a smaller area at the 7 o'clock position of the wound that measured 2.1 by 1.5 cm. RN #1 cleansed the wound with normal saline and patted it dry, then cut a Puracol Plus dressing to size and placed it on the wound, instead of applying a silver-calcium alginate dressing as ordered by the physician. The RN covered the Puracol Plus dressing with border foam.

Review of the Puracol Plus manufacturer's website revealed Puracol Plus dressings are collagen based and recommended to promote healing in stalled or chronic wounds. Review of the Maxorb Extra Ag manufacturer's website revealed Maxorb Extra Ag dressings are calcium alginate based and recommended for moderately to heavily draining wounds. Both dressing types contained silver for its antimicrobial effects.

During an interview on 07/21/2022 at 11:47 AM, RN #1 looked at the label on the box of Puracol dressings with the surveyor. RN #1 stated the facility had run out of the Maxorb Extra Ag (silver-calcium alginate) and applied what was available. RN #1 stated the Puracol dressing had silver in it and was similar to what was ordered. When asked if a collagen dressing performed the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 686	Continued From page 15 same function as a calcium alginate dressing, RN #1 did not know. During an interview on 07/21/2022, RN #3 stated the facility had run out of the Maxorb silver alginate dressings the previous week, and the Puracol dressings were what they had available in the building. RN #3 stated wound orders should be followed and staff should use the type of dressing required for the resident to have the best healing. During an interview on 07/22/2022 at 8:25 AM, the Director of Nursing (DON) stated if a supply item was not available, he would expect the nurse to call the physician and request an equivalent, then change the order. The DON stated that collagen was used to promote healing, whereas the alginate was for drawing out moisture from the wound. During an interview on 07/22/2022, the Administrator stated the nurses' responsibility was to follow the treatment order. She stated that if the treatment was not available, the nurse should call the provider so the order could be changed.	F 686		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences,	F 695		9/9/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 695	Continued From page 16 and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to ensure oxygen was administered at the physician-ordered flow rate to prevent potential complications for 1 (Resident #198) of 2 sampled residents reviewed for oxygen use. Findings included: A review of a facility policy titled, "Oxygen Administration," dated as revised October 2010, revealed, "Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration." A review of a "Resident Face Sheet" revealed Resident #198 had diagnoses including rheumatoid arthritis and chronic obstructive pulmonary disease (COPD). A review of a quarterly Minimum Data Set (MDS) dated 07/12/2022, revealed Resident #198 had a Brief Interview for Mental Status score of 9, indicating moderate cognitive impairment. The resident required extensive assistance of two or more people for bed mobility and transfer. The MDS indicated the resident received oxygen therapy while a resident. Review of a care plan, dated as revised 07/12/2022, revealed Resident #198 had diagnoses of COPD and chronic respiratory failure and was at risk for impaired respiratory	F 695	F 695 Respiratory/Tracheostomy Care and Suctioning Corrective Action This facility will ensure oxygen is administered at the physician-ordered flow rate to prevent potential complications for residents on oxygen. Resident #198 Oxygen order was reviewed and updated to allow for flow rate range of 2-3L. Physical audit conducted on 07/22/22 to ensure proper flow rate and order corrected. Facility oxygen orders audit conducted on 08/11/22. All orders will be updated to allow flow rate range, by 09/09/22. Direct care staff will receive education regarding facility policy on oxygen management from 08/15/22 □ 08/19/22. Facility residents who have a need for Oxygen, as identified by providers orders for oxygen, have the potential to be affected by the alleged practice. Responsible Person The Neighborhood Supervisor will be responsible for on-going compliance and safety. Systemic Changes and Monitoring Interdisciplinary team will conduct weekly Facility Focus Round audits to ensure that	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 695	Continued From page 17 function. The approaches included to provide supplemental oxygen as needed. Review of a "Physician Order Report," dated 05/20/2022 through 07/20/2022, revealed Resident #198 had a physician's order dated 05/20/2022 for supplemental oxygen to be administered at two liters per minute (LPM) via nasal cannula daily. A review of physician's "Progress Notes," dated 06/30/2022, revealed Resident #198 had COPD and was dependent on oxygen at two liters per nasal cannula. Observations on 07/18/2022 at 12:09 PM and 07/19/2022 at 11:50 AM revealed Resident #198 lying in bed, with oxygen in use via nasal cannula. The flow meter was set to administer the oxygen at two and a half liters per minute, instead of two liters per minute as ordered by the physician. During an interview on 07/19/2022 at 11:50 AM, Resident #198 revealed he/she was to receive oxygen at two liters continuously. During an interview on 07/20/2022 at 8:37 AM, Licensed Practical Nurse (LPN) #3 confirmed Resident #198 had a physician's order for continuous oxygen at two liters via nasal cannula. LPN #3 observed the flow meter on the resident's oxygen concentrator and indicated the oxygen was not being administered as ordered by the physician. During an interview on 07/21/2022 at 9:30 AM, the Director of Nursing (DON) verified the physician's order was for Resident #198 to receive oxygen at two liters. The DON indicated	F 695	resident oxygen orders are being followed. Results of these weekly audits will be brought to the monthly Quality Assurance and Performance Improvement (QAPI) meeting for review and recommendation for a minimum of 3 months and/or until compliance is achieved. Date of Correction Compliance will be met by 09/09/22 and on an ongoing basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 695	Continued From page 18 he expected oxygen to be administered as the order was written. During an interview on 07/21/2022 at 9:46 AM, the Administrator indicated her expectation was for staff to follow the orders and only to increase the oxygen if there was an emergency, in which case staff should document why the oxygen was increased.	F 695		
F 805 SS=E	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to provide food in the consistency ordered by the physician to meet the needs of 1 (Resident #33) of 19 sampled residents reviewed for diets. Resident #33 required a pureed diet; however, the facility provided food that was not pureed. Findings included: A review of a facility policy titled, "Diets: Textures as Tolerated/Altered Texture Diet," revised July 2021, revealed, "Diet may be ordered with varying textures to accommodate the individual and changing needs of our residents." A review of a facility policy titled, "Our Menu and Special Diets," revised July 2021, revealed, "Pureed Texture Diet - This diet is good for	F 805	F 805 Food in Form to Meet Individual Needs Corrective Action This facility will ensure that all residents are provided food in the consistency ordered by the physician to meet their needs. Soft rice is pureed effective 07/22/22. Resident #33 dinner meal tray was observed on 07/22/22 to ensure appropriate pureed textures in place. Dietary Staff will receive education regarding resident diet consistencies from 08/15/22 □ 08/19/22.	9/9/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 805	Continued From page 19 residents with moderate to severe chewing and/or swallowing problems. All food is either pureed or slurried (desserts)." A review of a "Resident Face Sheet" revealed Resident #33 had diagnoses including Alzheimer's disease, pneumonitis (inflammation of lung tissue) due to inhalation of food and vomit, and dysphagia (difficulty swallowing). A review of a quarterly Minimum Data Set (MDS), dated 07/13/2022, revealed Resident #33 scored 9 on a Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment. Further review of the MDS revealed Resident #33 required a mechanically altered diet. A review of a care plan, dated 03/17/2022, revealed Resident #33 was at nutritional risk related to dysphagia. A planned approach was to provide the resident with the diet prescribed, which was indicated on the care plan to be a regular pureed diet with honey consistency liquids. During an interview on 07/20/2022 at 12:00 PM, Resident #33's family member stated that sometimes the facility's pureed food was smooth in consistency but sometimes, it was thick and dry and Resident #33 could not eat it. Observations of a pureed test tray on 07/21/2022 at 11:30 AM revealed the tray included "soft rice" that was not pureed and rice pudding that was not pureed. During an interview on 07/21/2022 at 12:04 PM, Dietary Staff #1 stated the facility used soft rice instead of pureed. DS #1 stated that rice pudding should be pureed so that it was the proper	F 805	Nursing staff will continue to check each resident tray prior to each meal. Residents on modified diets, as identified by provider orders for modified diets, have the potential to be affected by the alleged practice. Responsible Person The Nutrition Services Manager will be responsible for on-going compliance. Systemic Changes and Monitoring All pureed meals with be served with a smooth texture to ensure it meets the consistencies of the Hawaii Dietetic Manual guidelines. All modified diet meals will be prepared per facility policy and the Hawaii Dietetic Manual guidelines. Interdisciplinary team will conduct weekly test tray Facility Focus Rounds to ensure that all foods served meet Hawaii Dietetic Manual guidelines. Results of these weekly audits will be brought to the monthly Quality Assurance and Performance Improvement (QAPI) meeting for review and recommendation for a minimum of 3 months and/or until compliance is achieved. Date of Correction Compliance will be met by 09/09/22 and on an ongoing basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125007	A. BUILDING _____ B. WING _____	07/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI, HI 96732

(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) COMPLETION DATE
F 805	Continued From page 20	F 805		

texture.

During an interview on 07/21/2022 at 12:10 PM, the Director of Nutrition Services (DNS) stated they utilized "soft rice" and more water was added to it to make it soft, but it had never been pureed. The DNS stated that for rice pudding, milk was added to it on the tray line and the night before.

During an interview on 07/21/2022 at 12:18 PM, Dietitian #1 stated soft rice was provided for pureed diets.

During an interview on 07/21/2022 at 12:38 PM, the Speech Language Pathologist (SLP) observed the test tray. The SLP stated the rice looked "a little lumpy." The SLP further stated the rice pudding did not look pureed and would not be safe for residents on a pureed diet.

During an interview on 07/22/2022 at 8:11 AM, the Director of Nursing (DON) stated that at one point, the family of Resident #33 wanted the rice pureed, but that it was cooked soft instead, not pureed. The DON stated if a resident was on a pureed diet, they should not eat anything that was not pureed.

During an interview on 07/22/2022 at 8:48 AM, the Administrator stated the facility used soft rice rather than pureed. The Administrator stated she had seen the rice pudding and that it met the puree consistency for the diet manual.