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	125033	A. BUILDING _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRY AND JEANETTE WEINBERG CARE CENTER	45-090 NAMOKU ST KANEOHE, HI 96744

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F 000	INITIAL COMMENTS A Recertification survey was conducted by the Office of Healthcare Assurance on January 30, 2025. The facility was found not to be in substantial compliance with 42 CFR §483 subpart B. No deficiencies were issued related to intake #11216. Survey dates: 01/27/25 to 01/30/25. Survey census: 35 residents. Sample size: 13 residents.	F 000		
F 637 SS=D	Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to identify and submit a significant change for one Resident (R) 21 of three sampled for Nutrition. This deficient practice placed the resident at risk for further functional decline. Findings Include:	F 637		

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

Electronically Signed

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F 637	Continued From page 1 The facility failed to identify a significant weight loss of greater than 5% in a month, and a decline in Activities of Daily Living (ADLS) which resulted from a fall with major injury and subsequently a fall with dislocation of hardware placed in R21's right hip. During a record review of R21's Electronic Health Record (EHR) found the facility was in the process of reporting a Significant Change for R21 to Center of Medicaid and Medicare Services (CMS) with an Assessment Reference Date (ARD) of 02/05/25. R21 had an unwitnessed fall in the facility in his room on 11/24/24 at 02:58 PM and was sent to the hospital. He was admitted with a fractured neck of his right femur and required a hip replacement surgery. R21 returned to the facility on 11/27/24 and on 11/28/24 at 03:35 AM had another unwitnessed fall in his room that resulted in an opening of the surgical wound requiring a hospitalization. R21 returned to the facility again on 12/01/24 for Physical Therapy services. Review of the dietician progress note dated 01/02/25 stated resident had lost 10.4 pounds resulting in a 7.4% significant weight loss in one month between 12/01/24 - 12/31/24. Progress note reviewed from the Director of Nursing (DON) dated 01/13/25 (Late Entry) stated "IDT [Interdisciplinary Team] met to review resident's condition ... Despite negative x-ray from 12/05/24, on 01/06/25 x-ray for scheduled follow-up orthopedic appointment revealed displaced hip arthroplasty hardware with proximal migration of the femur. ... IDT met on several	F 637		

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F 637	Continued From page 2 occasions to discuss means to prevent further harm/injury. Due to resident's continued attempts and insistence to self-transfer, the Harm Reduction Plan is to assist resident into chair with 2-person total lift, as he requests, to prevent further injury. Resident remains NWB [non-weight bearing] to RLE [right lower extremity] ..." Review of progress note dated 01/30/25 by Minimum Data Set (MDS) coordinator stated "... Quarterly MDS with ARD [Assessment Reference Date] of 03/05/25 was changes [sic.] to a significant change MDS with ARD 02/05/25." On 01/30/25 at 09:05 AM interviewed the MDS Coordinator (MDSC) who confirmed he missed the significant weight loss from 12/01/24 - 12/31/24 which would have been the trigger. He confirmed a significant change was not submitted to CMS for R21 within the 14-day period when the significant change should have been identified.	F 637		
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, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to provide respiratory care in accordance with the Resident's choice for one Resident (R) 19 of three residents sampled	F 695		

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F 695	Continued From page 3	F 695		

for respiratory care. This deficient practice placed the resident at risk of feeling anxious and uncomfortable without the daily use of oxygen.

Findings Include:

Resident (R) 19 was observed to self-administer and wear oxygen daily. Her use of the oxygen was not reflected in the plan of care, progress notes or ordered by the Physician.

Observation on 01/27/25 at 01:50 PM with R19 in her room who was sitting at the bedside in her wheelchair and wearing Oxygen (02) with the nasal cannula, (NC). She was awake and alert and briefly spoke with the surveyor.

Observation on 01/28/25 at 09:55 AM in R19's room, who was in her bed wearing O2 via NC. The surveyor asked R19 how she was feeling today and she responded, I'm feeling lightheaded. I'm not normally like this, but lately I've been feeling lightheaded more often. When I'm in here I wear my oxygen, it makes me feel better. When I go out in my wheelchair, I don't wear it, but as soon as I get back to my room, I put it on. R19 turned the O2 concentrator off and then demonstrated how to turn it back on. Observed the O2 at 1.5 liters per minutes (LPM) and connected to the O2 concentrator (a machine that concentrates room air to make O2).

Record review on 01/28/25 of R19's quarterly Minimum Data Set (MDS) with assessment reference date of 11/20/24. R19 has a diagnosis that includes Non-Alzheimer's dementia and an anxiety disorder. R19 was coded as "not on oxygen therapy." R19 is a 96-year-old female admitted to the facility on 11/21/23. Her Brief

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F 695	Continued From page 4 Interview for Mental Status (BIMS) is 12, moderately impaired cognition. Physician (MD) orders dated 05/17/24 reviewed on 01/28/25. O2 via NC, 1-4 liters per minute as needed (PRN) for dyspnea (difficulty breathing), hypoxia, low oxygen levels, (O2 saturation less than 88%) or acute angina (chest pain). Call provider/practitioner with nursing report. Care plan reviewed on 01/29/25. The care plan stated the resident has PRN O2 therapy related to acute on Chronic congestive heart failure (CHF, Dyspnea, and history of pneumonia. Interventions stated Oxygen therapy as needed...O2 saturation less than 88%) ... Progress notes dated 01/27/25 to 01/29/25 were reviewed on 01/29/25. Interview with the MDS Coordinator (MDSC) on 01/30/25 at 09:08 AM in the surveyor conference room. The surveyor asked the MDSC if there is a change to a resident's treatment, when is the care plan is updated. Is it updated at the time of the change or is it updated at the next Inter-disciplinary Team (IDT) meeting? The MDSC explained that the IDT meets every quarter to update the care plans. If something significant happens it will be discussed at the morning meeting and the care plan may be updated at that time. The surveyor asked if the nursing staff or the charge nurses update the care plan. The MDSC said, they will on occasion. We discuss at the morning meeting, or if it's a weekend and I'm not here, they may update the care plan and talk with me later. The Director of Nursing (DON), day shift charge nurse and the evening charge nurse will update the care plans.	F 695		

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F 695	Continued From page 5 The surveyor discussed random observations from 01/27/25 to 01/30/25 of R19 wearing the O2 while she is in her room with the MDSC. The MDSC stated, for R19 the nursing staff will document her O2 Sat's (saturations) in the medical record in the vital signs, or in the progress notes. It will be discussed at the morning meeting, shift report, nights to days. The nurse will put it on the Treatment Administration Record (TAR), in a progress note, or in the vitals under O2 sat. The surveyor discussed that there was no documentation in the record to indicate this. Interview with the DON on 01/29/25 at 03:30 PM in the surveyor conference room. The surveyor asked her if she was aware that R19 was using the O2 every day while she's in her room and if there needs to be an order for the change in frequency from PRN to daily? The DON stated that she didn't think R19 was wearing it every day and that she would check and get back to the surveyor. Concurrent record review and interview with Registered Nurse (RN) 5 on 01/30/25 at 10:37 AM. The surveyor asked if R19's medical record had documentation that R19 was receiving O2. RN5 reviewed the TAR, and progress notes and confirmed that use of oxygen was not documented from 01/27/25 to 01/30/25.	F 695		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F 761		

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F 761	Continued From page 6 professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to assure staff locked one of one treatment cart. The treatment cart contains supplies for dressing changes and prescribed ointments and creams for residents. This deficient practice has the potential to affect residents' safety, residents access to the contents of the cart may result in inappropriate use of ointments and creams. Findings Include: On 01/27/25 at 10:10 AM, the surveyor observed an unlocked treatment cart outside of room 12. Opened the unlocked cart and noticed it	F 761		

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F 761	Continued From page 7 contained sterile gauze, foam dressing, tape, and prescribed creams and ointments. After closing the drawer, Registered Nurse (RN) 2 appeared. Inquired of RN2 if the cart was her cart and she said no. Right afterwards RN5 came out of room 12. Inquired if the cart was hers and she said "yes". Inquired if the cart is supposed to be locked and she said "yes". On 01/28/25 at 03:15 PM interviewed the Director of Nursing (DON) and inquired if the treatment cart is to be locked when the nurse leaves it, and she confirmed the treatment cart is to be locked.	F 761		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F 880		

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F 880	Continued From page 8 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 9 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations and interview the facility failed to assure staff placed an indwelling urinary catheter covered by a privacy bag off the floor for one Resident (R) 16 of one sampled resident reviewed for urinary catheter. This deficient practice placed the resident at risk for infection. Findings Include: On 01/27/25 at 10:33 AM during an interview with R16 observed her urinary indwelling catheter that was placed in a privacy bag resting on the floor. Inquired with resident if she knew when this occurred but she was not aware when this occurred or by whom. On 01/27/25 at 10:52 AM interviewed Registered Nurse (RN) 5. Asked RN5 to observe where the covered urinary catheter bag was located and she confirmed it was laying on the floor. RN5 stated it is supposed to hang from the bed frame and lifted the privacy bag up off the floor and hung it higher up on R16's bed frame. On 01/30/25 at 12:24 PM interviewed Learning & Development Nurse (LDN) who stated she has done training with all the CNAs regarding peri care for residents with indwelling urinary catheters. LDN stated this training includes where to place resident's covered indwelling urinary catheter bag. LDN confirmed indwelling urinary catheter bag is not supposed to be on the floor.	F 880		