

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125009	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER MALUHIA			STREET ADDRESS, CITY, STATE, ZIP CODE 1027 HALA DRIVE , HONOLULU, Hawaii, 96817	
(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
E0000	Initial Comments The facility was in compliance with the Health Section of §483.73, Requirements for Long Term Care Facility, Appendix Z, Emergency Preparedness.	E0000		
F0000	INITIAL COMMENTS A recertification survey was conducted by the Office of Health Care Assurance (OHCA) on 07/07/25 - 07/10/25. The facility was not in compliance with 42 CFR 483 subpart B. Survey Census: 86 Sample Size: 27	F0000		
F0657 SS = D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.	F0657		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0657 SS = D	<p>Continued from page 1</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure the care plan was revised for two Resident's (R) 27 and 72, of five sampled. 1) R27's care plan did not include interventions to prevent and treat scratches related to non-pressure skin conditions. 2) R72's care plan did not include additional interventions to prevent pulling out the Gastrostomy Tube (GT). As a result of the deficiency, R27 was at increased risk for worsening skin condition and R72 was at increased risk of the GT being pulled out.</p> <p>Findings Include:</p> <p>1) On 07/07/25 at 08:22 AM, an observation of R27 and interview with Resident Representative (RR) 4 was done. Observed R27 in in her room in bed, her left hand had a blue latex glove on. RR4 spoke in English and in Korean, this surveyor was able to understand both languages, and reported she was wearing the gloves because she had scratches to her buttocks. Her nails get sharp and need to be cut daily. He no longer cuts her nails because of his poor vision but the facility has been cutting her nails. RR4 removed the gloves from R27's hand and her nails were observed to be neatly trimmed with pink nail polish.</p> <p>Review of R27's Electronic Health Record (EHR) documented in the most current skin assessment, dated 07/08/25, R27 had a facility acquired abrasion to sacrum since 05/27/25. Progress note documented on 07/01/25, R27 had self-inflicted scratches on the sacral area noted with slight bleeding. "Cleanse the area with NS [Normal Saline], pat dry...Renew Bacitracin 500 units bid [twice a day] for 7 days. Apply Calmoseptine as ordered."</p> <p>Review of the physician's orders documented the following treatment for the abrasion to sacrum, topical bacitracin external ointment 500 unit, apply to sacrum topically every day and evening shift for abrasion for 14 days reordered on 07/08/25, and calmoseptine external ointment 0.44-10.6% (menthol-zinc oxide) apply to sacrum topically every shift for skin protection.</p>	F0657		

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F0657 SS = D	<p>Continued from page 2</p> <p>Review of R27's care plan found no interventions or treatment to address R27's self-inflicting scratching.</p> <p>On 07/10/25 at 07:32 AM, an interview with Registered Nurse (RN) 12 was done. RN12 reported R27 tends to scratch her buttocks with her left hand when no one is around to redirect her. Staff cut her nails about three times a week but even with her nails short, her nails are sharp. RN12 confirmed an incident where RR5 cut R27's nails without staff knowledge and accidentally clipped her skin, RR4 was educated not to cut her nails anymore and ask for staff assistance. RN12 reportedly inquired with RR4 to bring loose pajama pants and gloves to attempt to prevent R27 from breaking skin when scratching herself. RN12 confirmed the care plan should have been revised to include interventions or treatment to address R27's self-inflicting scratching.</p> <p>Review of the facility's policy and procedure for care plans dated 04/21/25 documented "Each discipline will be develop, revise and ongoing follow up for care plans as related to their area of expertise to address resident's needs, wants, and preferences. Revise care plan anytime changes needed."</p> <p>2) Review of EHR showed R72 was admitted on 12/12/23 with diagnosis including Stroke, Gastrostomy Tube, High Blood Pressure, High Cholesterol, Dementia.</p> <p>Review of progress noted dated 04/19/25 revealed that R72 pulled out the GT while waiting for transport back to the nursing facility. On 05/09/25 the GT spontaneously came out and the balloon was deflated. On 06/15/25 at 1725, resident pulled out the GT and was later sent to the hospital for GT re-insertion. A doctor's order was in place to perform the following interventions relating to pulling out the GT: Assess Pain, redirect, 1 on 1, refer to nurse's progress notes; Activity, return to room, toilet, give food, give fluids, change position, adjust room temperature, backrub, apply lotion, re-offer after 10 minutes, call family as needed.</p> <p>Review of the current comprehensive care plan did not include the interventions, from the doctor's order, relating to pulling out the GT.</p> <p>Staff interview on 07/10/25 at 08:30 AM, Charge Nurse (CN)3 acknowledged that the interventions, relating to pulling out the GT, should also be in the comprehensive care plan. CN3 said they will make the necessary changes.</p>	F0657		

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