

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/15/2025

Form Approved OMB

No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125056	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/15/2024
NAME OF PROVIDER OR SUPPLIER  Hale Makua Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  1540 Lower Main Street Wailuku, HI 96793	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>37954</p> <p>Based on observations, interviews and policy review the facility failed to protect Resident (R)47's privacy while receiving peri-care (washing the genitals and anal area) exposing R47's naked body from the waist down to her roommate, R52. This deficient practice puts all residents who require assistance from staff, such as peri-care, at risk for being exposed to others causing psychological harm.</p> <p>Findings Include:</p> <p>On 11/12/24 at 11:40 AM surveyor walked into R47's room. The privacy curtain was pulled to block anyone from the outside walkway seeing R47 who at this time was having peri-care done by Certified Nurse Assistant (CNA)1. Surveyor walked further into the room and observed R47's roommate, R52, sitting in a recliner facing R47's bed. The privacy curtain was too short to go around R47's bed and R47's genitalia was exposed to R52. Inquired with CNA1 about the privacy curtain and she stated it was not big enough to go around the resident's bed and she showed surveyor how R52's privacy curtain goes around the bed. Surveyor pulled on R47's privacy curtain and found it was not big enough to cover all the areas around her bed to provide full privacy.</p> <p>On 11/13/24 at 08:40 AM interviewed Director of Nursing (DON) who confirmed the privacy curtain had been taken off and washed but had not been put up again. DON agreed this was a dignity issue for R47 and never should have happened. DON stated he had maintenance hang up the privacy curtain that was missing.</p> <p>On 11/13/24 at 03:15 PM went into R47's room to observe privacy curtain and found the privacy curtain was hung but still did not fully provide privacy for the resident. The resident could still be seen in her bed and would be exposed to anyone who was at or near the foot of her bed such as the roommate sitting in the reclining chair.</p> <p>On 11/13/24 at 03:30 PM met with DON to share findings. He confirmed staff had done as requested (hung up the privacy curtain) but it was not enough to provide privacy for the resident. Requested and received the facility policy pertaining to privacy curtain use.</p> <p>(continued on next page)</p>		

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 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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F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of facility policy Dignity and respect with an original and effective date 10/01/2021 states Policy It is the policy of this facility that all residents/guests be treated with kindness, dignity, and respect. Procedure . 3. Residents/guests shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door or a drawn curtain shields the resident/guest from those who pass by.		

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F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>39754</p> <p>Based on observations and staff interview, the facility failed to store one oxygen cylinders (O2 tank) in a safe manner. As a result of this deficient practice, the facility put the safety and well-being of the residents, staff, as well as the public at risk for accident hazards.</p> <p>Findings include:</p> <p>During an observation of a resident's room in Lanai Nursing Neighborhood on 11/12/24 at 11:45 AM, one O2 tank was leaning upright and propped between the bedside drawer and wall. The O2 tank was not in a Oxygen Cylinder Cart and there was increase risk for the O2 tank falling over.</p> <p>Staff interview on 11/12/24 at 11:50 AM, Staff Nurse (Nurse) 2 acknowledged that the O2 tank was not stored properly and there was risk for it falling over. Nurse 2 then took the O2 tank to be properly stored in the Oxygen Cylinder Cart.</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37954</p> <p>Based on observation and interview the facility failed to store food kept in the freezer at 0 degrees Fahrenheit or less. This deficient practice puts all the residents at risk for foodborne illness,</p> <p>Findings Include:</p> <p>On 11/12/24 at 09: 48 AM during initial tour of the kitchen interviewed kitchen staff (KS)1. Inquired about temperature log for the freezer that showed temperatures logged from 0 to 6 degrees Fahrenheit. Review of the Freeze Temp Record form has standard Freeze temperature less than or equal to 0. Review of this form found a row for re check temp and maintenance notified boxes which were left blank. The temperatures above 0 degrees (8) did not have re check temp and maintenance notified filled out. Inquired of KS1 if she is supposed to re-check the temperature of the freezer or notify maintenance and KS1 stated she rechecked the temperatures but did not document it. Continued review of this form found the following # temps in acceptable range:, # times temps to be taken, and % compliance.</p> <p>On 11/15/24 at 10:13 AM a phone interview was conducted with the Acting Director of Nutrition Services (ADNS). Inquired if she audits the freezer temperature logs from the facility and she confirmed she or another staff do the audits of the temperature logs for the refrigerators and freezers after they are sent to her. Inquired if anyone had spoken to her about the logs at the facility and she stated the Dietician and Food Service Director (FSD) had discussed the log with her. Inquired if she had seen temperatures above zero on the logs and what she would do. ADNS stated she has to look back at the logs she has and will let me know if she sees this on the logs. She stated she would ask the staff about the temperatures, if it was done later or after the door was open which might cause the temperature to rise. She stated the staff have not asked her for a work order in awhile for the freezer. ADNS stated she would call surveyor back with more information regarding this matter.</p> <p>On 11/25/24 at 12:35 PM surveyor called ADNS to follow up with freezer temperature log. Inquired with ADNS if she was able to follow up with the freezer temperature logs and she stated she did have KS1 look back at any work orders that were done for September. ADNS stated KS1 did fill out one work order for September. Inquired if she saw any above zero temperatures and she confirmed there were a couple of 5's and 2's. ADNS stated she is working with the facility maintenance to follow up with the freezer temperature to assure it is working properly. ADNS provided a copy of the work order</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide and implement an infection prevention and control program.  39754  Based on observations and staff interview, the facility failed to establish an infection prevention and control program relating to birds. As a result of this deficiency, there was increase risk of disease outbreak in the facility.  Findings include:  During observation of the Lanai Nursing Neighborhood on 11/14/24 at 09:05 AM, three birds were seen in the resident's room. One bird was on the foot of the resident's bed and the other two birds were moving around on the floor. Other resident rooms had screen door barriers but this room did not.  Staff interview on 11/15/24 at 10:15 AM, Director of Nursing (DON) said they were aware of the birds entering the resident rooms, but they did not have written standards, policies, procedures or a system of surveillance.		

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F 0925  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.  37954  Based on observations and interviews the facility failed to prevent flies and a bird from entering the dining room while residents were eating their lunch and lunch trays were being made. This deficient practice puts the residents at risk for foodborne illnesses.  Findings Include:  On 11/14/24 at 11:45 AM while observing kitchen staff put containers of uncovered hot food onto the trayline observed there were flies near the trayline flying above the open food. Food Service Director (FSD) shooed away the flies and covered the food with aluminum foil. FSD spoke with kitchen staff to remind her to cover the food with lids or foil as she is placing the containers on the trayline to prevent flies from going into the food. During this time a small bird was observed flying in the dining room and landed on the counter next to the microwave.  On 11/14/24 at 01:00 PM interviewed FSD and inquired about the flies that were observed during the trayline. FSD stated she spoke with kitchen staff about covering the food with lids when it is on the trayline. FSD also stated she asked the facility to purchase the ECO Lab blue lights for the flies.  On 11/14/24 at 01:58 PM interviewed Director of Nursing (DON) and inquired about bird that flew in the dining room/kitchen and landed on the counter, he confirmed he saw this. DON stated the dining room has screen doors that were left open. Inquired about problem with flies near the trayline flying above the food and DON stated FSD requested ECO blue lights for the kitchen which has been approved for order.		