

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125007	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Hale Makua - Kahului		STREET ADDRESS, CITY, STATE, ZIP CODE 472 Kaulana Street Kahului, HI 96732	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, interviews and review of policy, the facility failed to treat one Anonymous Resident (ARes1) and Resident (R)499 of six residents sampled, with respect and dignity. As a result of this deficiency ARes1 was not promoted the right to the maintenance of enhancement of their quality of life. The facility also left R499 in her soiled diaper for more than 40 minutes, putting R499 at risk for urinary tract infection (UTI) and perineum skin breakdown.</p> <p>Findings include:</p> <p>1) During Resident interview on 04/10/25 at 03:00 PM, ARes1 relayed the following concerns: 1. Staff took a long time (sometimes up to forty minutes) to answer the call light. Staff would consistently say that they're not assigned to that room and pass the room without helping. ARes1 felt ignored because of this. 2. Staff did not maintain resident privacy after receiving a bath. ARes1 said the privacy curtains would be left wide open and felt exposed without wearing any clothing. 3. Staff did not wash hands before feeding. ARes1 said staff would have to be reminded to wash their hands before feeding and/or grabbing the finger foods and 4. Staff would speak in their native language (not English) when doing care. ARes1 said staff would speak to one another and felt they were talking about him/her.</p> <p>Review of facility policy on Call Light Use read the following; Purpose, to respond promptly to resident's call for assistance . Procedure, all facility personnel must be aware of call lights at all times, answer all call lights promptly whether or not you are assigned to the resident . Answer call lights in a prompt, calm, courteous manner, turn off the call light as soon as you enter the room, if you cannot provide the service, go get someone who can, do not leave the light on and walk away. Never make the guest/resident feel you are too busy to give assistance, offer further assistance before you leave the room .</p> <p>2) On 04/09/25 at 11:30 AM, observed R499 (seated in a wheelchair) and Family member (FM) (seating next to R499) outside the resident's room. As this surveyor approached R499 and F, a strong, fecal odor was smelt. FM confirmed R499 had had a bowel movement in the resident's incontinent brief a while ago. FM looked for and could not find R499's assigned Certified Nurse Assistant (CNA). Observed FM going to nurse's station to let staff know that R499 had a bowel movement and if R499 could be changed. When FM returned from speaking with a nurse (who was seated in nurse's station at the computer), FM reported the nurse instructed her to activate the call light because she was not assigned to that area.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 125007
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/09/25 at 12:15 PM, 45 minutes after FM approached the nurse for assistance, observed CNA1 approach the resident and assisted R499 to her room to clean her soiled incontinent brief.</p> <p>On 04/10/25 at 12:15 PM, interview with Licensed Practical Nurse (LPN)1 completed. Asked what is the facility's policy for responding to call light or resident's family request for help to change resident's incontinent brief, she replied, If the staff is not busy with another resident, then they should help change the resident.</p> <p>On 04/10/25 at 12:20 PM, interview with Neighborhood Supervisor (NS)1 completed. NS1 confirmed that if the family is requesting to change the resident's incontinent brief, that NS1 would first try to find a CNA to delegate the task, and if no CNA is available, then she would help change resident's incontinent brief, if it could be safely done.</p> <p>On 04/11/25 at 09:05 AM, discussed the situation with the Director of Nursing (DON). DON confirmed that nurse in the nursing station should have assisted R499. DON also reported staff should be able to help residents even if they are not assigned to them.</p> <p>Record review of the facility's Call Light, Use of policy dated 06/12/2023, in the Purpose section, it states, To respond promptly to resident's call for assistance. In the Procedure section, it states, 2. Answer ALL call lights promptly whether or not you are assigned to the resident. 7. Never make the guest/resident feel you are too busy to give assistance</p>		