

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER The Care Center of Honolulu		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 Bachelot Street Honolulu, HI 96817	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and document review, the facility failed to provide evidence of a comprehensive Water Management Program (WMP) that is essential to prevent the spread of Legionella bacteria and other opportunistic waterborne pathogens (i.e. Pseudomonas, Acinetobacter) in the building water systems. The facility was not able to provide evidence that a facility risk assessment was conducted to identify where Legionella and other opportunistic waterborne pathogens could grow and spread. In addition, the plan did not include any text or comprehensive description of the building water system, or specify the testing protocols and acceptable ranges for control measures. As a result of this deficiency, the vulnerable residents were at increased risk of exposure to waterborne pathogens, which can cause serious health issues, or death. Findings include: The Care Center of Honolulu is a skilled nursing facility, that provides rehabilitation therapies and has a specialized respiratory unit that provides care to ventilator-dependent individuals. The Office of Health Care Assurance (OHCA) received notification on 12/17/25 regarding a possible case of Legionnaires' outbreak. On 12/22/25 at approximately 12:30 PM, during an interview with the Infection preventionist (IP), she confirmed the facility received notification on December 8, 2025, that R1 had tested positive for LD while hospitalized. She said R1 returned to the facility on [DATE], when discharged from the hospital. Review of R1's medical records revealed she was [AGE] years old and her past pertinent medical history included a hospitalization from 10/10/25 to 10/24/25 for septic shock (life-threatening condition) secondary to peritonitis (inflammation of the lining of the inner wall of the abdomen). R1's diagnoses included, but not limited to chronic anemia, urinary retention (bladder does not empty completely), hypertension, hyponatremia (low sodium level in the blood), chronic kidney disease, atrial fibrillation, and asthma. R1 was discharged from the hospital, and admitted to the facility for rehabilitation on 10/24/25. At that time she had a foley catheter in place for the urinary retention. On 11/30/25, R1 was sent to the hospital for altered mental status and admitted with a diagnoses of septic shock secondary to acute cystitis (bladder infection) and pneumonia. On 11/30/25, R1 had a positive urine test for Legionella antigen that indicated a current or past infection associated with Legionnaires' Disease. She returned to the facility when discharged from the hospital on [DATE]. On 12/22/25, the IP provided a document titled Water Management Program (Including Legionella), revised date December 2025. She said after the Legionella case, the WMP team revised this plan, and it was currently in place. The IP went on to say the plan had been sent to a consultant for review, and they were waiting for feedback for any additional revisions. The IP also provided a document titled Legionella-Specific Risk Assessment, Testing Interpretation, and Response Framework (To be included with the Water Management Program), revised date of December 2025. A request was made for the previous WMP and all policies related to the plan. Reviewed the second document provided by the IP titled Legionella Water Management Program, last revised date of July 1017 and two policies that were active when the case was identified. The WMP included the following: 3. The purposes of the water management program are to identify areas in the water system where Legionella bacteria can grow and spread, and to reduce the risk of legionnaire's disease. 4. The water management program used by our facility is based on the Centers for Disease Control and Prevention and ASHRAE (American Society of Heating, Refrigeration and Air Conditioning Engineers) recommendations for developing Legionella water management program. 5. A description of water system in the facility, including the following: i. Receiving; ii. Cold water distribution; iii. Heating; . 7.b. [sic/outline format incorrect] The identification of areas in the water system that could encourage the growth and spread of Legionella or other waterborne bacteria, including the following: i. storage tanks; ii. water heaters; iii Filters; iv. Aerators; v. Showerheads, and hoses; vi. Misters, atomizers, air washers and humidifiers, vii. Hot tubs; vii. Fountains; and ix. Medical devices such as CPAP (provides steady uninterrupted breathing during sleep), hydrotherapy equipment, etc. 7.c. The identification of situations that can lead to Legionella growth, such as: . iv. The presence of biofilm (film of bacteria that adheres to a surface), scale or sediment; .vii. water stagnation; and viii. inadequate disinfection. 7.d. Specific measures used to control the introduction and/or spread of legionella (e.g., temperature, disinfectants); 7.e. The control limits or parameters that are acceptable and that are monitored; 7.f. A diagram of where control measures are applied; . 7.i. Documentation of the program. This WMP was a basic outline of what is recommended to be included in a facility WMP, but lacked detail and did not include the required elements of a WMP. The plan did not: - Include a risk assessment of areas in the water system that could encourage the</p>		