

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Harry and Jeanette Weinberg Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 45-090 Namoku St Kaneohe, HI 96744	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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.</p> <p>Findings Include:</p> <p>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.</p> <p>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.</p> <p>R21 returned to the facility on [DATE] 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.</p> <p>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.</p> <p>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 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.</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 for respiratory care. This deficient practice placed the resident at risk of feeling anxious and uncomfortable without the daily use of oxygen.</p> <p>Findings Include:</p> <p>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.</p> <p>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 (O2) with the nasal cannula, (NC). She was awake and alert and briefly spoke with the surveyor.</p> <p>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).</p> <p>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 [AGE] year-old female admitted to the facility on [DATE]. Her Brief Interview for Mental Status (BIMS) is 12, moderately impaired cognition.</p> <p>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.</p> <p>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%) .</p> <p>Progress notes dated 01/27/25 to 01/29/25 were reviewed on 01/29/25.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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.</p> <p>Findings Include:</p> <p>On 01/27/25 at 10:10 AM, the surveyor observed an unlocked treatment cart outside of room [ROOM NUMBER]. Opened the unlocked cart and noticed it 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 [ROOM NUMBER]. Inquired if the cart was hers and she said yes. Inquired if the cart is supposed to be locked and she said yes.</p> <p>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.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>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.</p> <p>Findings Include:</p> <p>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.</p> <p>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.</p> <p>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.</p>