STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39754 Based on observations, staff interviews, policy review, record review, the facility failed to ensure three of 22 sampled residents (Resident (R) 48, R36, and R3) were treated with respect and dignity. Findings include: 1) Review of the Facility Reported Incident (FRI), ACTS #9900, read the following: on 11/09/22, certified nurse aide (CNA) had attitude, was rude, mean and documented the CNA threw a napkin in her face . During an interview with R48 on 03/01/23 at 11:00 AM, R48 was alert and oriented and could answer all questions appropriately. R48 recalled the incident previously mentioned and revealed that it made her feel like she was not treated with respect and dignity. Review of Electronic Health Record (EHR) showed that R48 was admitted on [DATE] with diagnoses including Congestive Heart Failure, Hypoxemia, Iron Deficiency Anemia, Hypertension, Neuralgia, Diabetes, Anxiety . R48's Brief Interview for Mental Status (BIMS) evaluation done on 08/29/22 showed a score of 14/15 which meant that R48 was cognitively intact. 47783 2) On 02/28/23 at 12:26 PM, observed Minimum Data Set Coordinator (MDSC) enter R36's room with her lunch tray. After repositioning R36 in her bed, MDSC removed her gloves and performed hand hygiene. She then removed the food and drinks off the tray and placed it on the bedside table. R36 used adaptive utensils (the handles wrapped in thick foam) to feed herself. MDSC remained standing while encouraging R36 to feed herself using the adaptive utensils. On 02/28/23 at 12:33 PM, MDSC exited the room and came back at 12:37 PM with another food tray. At 12:46 PM, Certified Nursing Assistant (CNA) 33 entered R36's room and asked R36 if she needed assistance with her meal. R36 nodded her head and CNA33 assisted her but remained standing. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3) On 2/28/23 at 12:37 PM, MDSC brought R3's lunch tray into the room. R3 was already sitting up in bed and said she was hungry. MDSC moved the food and drinks from the tray to the bedside table and placed a cloth napkin over R3's neck and chest area. MDSC then assisted R3 with her meal and remained standing. Review of facility's policy Assistance with Meals with a revision date of 05/01/2022 documents: . Residents Requiring Full Assistance: .2. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example: a. Not standing over residents while assisting them with meals;. Interview done with CNA33 and CNA34 separately on 03/03/23 at 11:30 AM and 11:35 AM in the hallway just outside of residents' room. Both CNAs confirmed that the staff should be sitting down when assisting a resident with their meal.3/02/23.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident has the right to receive notices in a format and a language he or she understands. 42871 Based on observation and interviews, the facility failed to ensure that required notices in the facility were easily readable for residents. This deficient practice affects residents who can visualize the postings in the facility. Findings include: On 02/28/23 at 08:16 AM, started initial observations in the facility. Observed postings of the RESIDENTS' RIGHT GRIEVANCE PROCEDURE in various areas of the facility. This document contained contact information of agencies residents can call, printed on an 8 1/2 inch by 11 inch paper which was laminated. On 03/01/23 at 10:00 AM, a resident council meeting was held in an unused resident room. Five of nine residents voiced a concern about not being able to read the posting of agencies and their phone numbers. They stated, The print on the posters are too small. On 03/03/23 at 11:00 AM, a concurrent observation and interview were done with the Social Services Associate (SSA). SSA was shown the RESIDENTS' RIGHT GRIEVANCE PROCEDURE document posted in a nursing unit. The magnification glass to enable residents to read it did not reach the posting. SSA stated that she can change the location of the posting to make it closer to the magnification glass and/or will make the postings in larger print.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43414 Based on record review and interview with staff member, the facility failed to assure one of four residents (R)46 sampled exercised their right to formulate an advanced health care directive (AHCD). This deficient practice has the potential to cause harm to residents when they are provided medical care that is not in accordance with their wishes. Findings include: R46 was admitted to the facility on [DATE]. On 02/28/23 at 02:20 PM reviewed R46's Electronic Health Record (EHR) for documentation of an AHCD. AHCD was not found. Review of R46's Declaration of Authority to Act as Surrogate for Patient form documented R46's family member as an Appointed (Non-Designated) Surrogate. The form includes a standard statement of I, (Name of Surrogate), under penalty of false swearing, provide the following statement of facts and circumstances establishing my authority to act as surrogate for (Name of Patient) who has been determined by the primary physician to lack capacity to make healthcare decisions and no agent or guardian has been appointed or the agent or guardian is not reasonably available. Under additional facts and circumstances to establish claimed authority was not documented. The form defined non-designated surrogate as a selected person .to make health care decisions for a patient has been determined to lack capacity to provide informed consent to or refusal of medical treatment. On 03/01/23 at 04:03 PM interview with Social Services Associate (SSA) was done. Inquired if R46 has an AHCD and/or if the facility has documentation from the physician that R46 lacks capacity to provide informed consent to or refusal of medical treatment that supports R46's Declaration of Authority to Act as Surrogate for Patient form, SSA reported R46 does not have an AHCD or documentation from the physician that R46 lacks capacity. Review of the facility's policy and procedure 3.3-2 Healthcare Surrogate revised on 05/01/22 documents In order for a Health Care Surrogate to be appointed, a qualified physician, qualified psychologist, or advance practice nurse must have made a determination that the individual is no longer able to make decisions on their own behalf . The Primary Care Physician should also agree to the diagnosis of incapacity as at least the second opening to sign for an incapacity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 42160 Based on observations and interviews with staff member, the facility failed to provide a homelike environment for residents. The facility failed to remove trays when passing meals to residents. The facility failed to repair water damage due to water leakage from the roof in three residents (Resident (R) 9, R2, and R61) in one nursing unit As a result of this deficiency, resident is at risk of a negative psychosocial outcome. Findings include: 1) On 02/28/23 at 12:35 PM, observed 8 residents in the main dining area of the facility for lunch. Of the 8 residents in the dining room, 7 of the resident's meals remained on their trays throughout the entire meal. Inquired with the anonymous resident regarding why his/her lunch was not on a tray like the other residents observed. The anonymous resident stated that he/she did not want to get staff in trouble, but staff only take the meals off the trays if you ask them, because it's easier to clean if we make a mess. 43414 2) During lunch dining observation on 02/28/23 at 12:06 PM in the facility's locked memory unit, observed nine of 10 residents in the dining room and activity room with meal trays underneath residents' plates, bowls, and cups while eating and not removed. During a second observation of dining on 03/03/23 at 08:13 AM in the facility's locked memory unit, observed five of 10 residents in the dining room and activity room with meals trays underneath residents' plates, bowls, and cups while eating and not removed. On 03/03/23 at 08:23 AM interview with Registered Nurse (RN) 1 was done. RN1 stated one of the 10 residents in the dining room and activity room moves his cup off the table and so he needs a tray to prevent this but the other residents' trays should have been removed during meal service. 42871 3) On 02/28/23 at 08:49 AM, a concurrent observation and interview were done with R9. Observed large brown stains on the ceiling above his television and other personal items. R9 stated that there had been water leaking from the ceiling in his room, especially when it rains. On 03/01/23 at 10:00 AM, at the resident council meeting, R9 and R2 voiced their concerns about water leaking from the roof affecting their rooms. R2 also stated that there was water leaking from R61's room above the sink. R9 and R2 stated that the facility was aware of the problem. On 03/02/23 at 07:59 AM, a concurrent observation and interview were done with R2. R2 stated that the smell of mildew was so bad in her room because mildew was on the wall adjacent to the entrance and bathroom. R2 showed the state agency (SA) where the mildew was located on the wall and stated maintenance just scraped off the mildew and painted over it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/02/23 at 08:15 AM, observed two brown round stains over the bathroom sink in R61's room. On 03/02/23 at 1:30 PM, a concurrent observation of R9's, R2's and R61's rooms and interview were done with Nurse Manager (NM)3. NM3 stated that the Maintenance department was already aware of the issues in these rooms, and they are due to the leaking water from the roof. On 03/02/23 at 2:56 PM, interviewed the Maintenance Manager (MM). MM stated that the maintenance department is unable to go up on the roof to fix the leaks due to the wet weather, and the plan is to repair the leaks once the rain stops.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47783 Based on observations, interviews and record review, the facility failed to protect one of 22 residents sampled from abuse. Resident (R) 20 sustained second degree burns from a heating pad, an item not allowed in the facility, left on her calves by a certified nurse aide (CNA). Finding Includes: Cross Reference to F609 (Reporting of Alleged Violations). The facility failed to report suspected neglect to the Stage Agency. F610 (Investigate/Prevent/Correct Alleged Violation). The facility failed to investigate and prevent further potential neglect after R20 sustained second-degree burns from the use of a heating pad. F689 (Free of Accident Hazards). The facility failed to ensure R20 was free from accident hazards from the use of an electric heating pad, sustain second-degree burns to both left and right calf areas. Centers for Medicare & Medicaid Services (CMS) defined abuse as the willful infliction of injury .with resulting physical harm, pain or mental anguish . Willful, as defined in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. R20 is a [AGE] year-old resident admitted to the facility on [DATE]. Diagnoses include paraplegia (paralysis affecting lower half of the trunk and legs), type 2 diabetes mellitus (high blood sugar) and peripheral vascular disease (narrowing of blood vessels reducing blood flow to the limbs). On 02/28/23, several observations were made of R20 in bed with wrapping around left and right calf area. At 10:37 AM observed open wounds to the left and right calf area. Interview with R20 done on 03/01/23 at 09:26AM in her room. When asked about wound to calf area on both legs, R20 replied they are burns from a heating pad that happened in May 2022. R20 said, I asked a nurse to place an electric heating pad under my legs before I went to sleep, and it was left on overnight. R20 also said, I did not feel it burning since I can't feel anything down there. Review of the facility's investigative reports revealed that the blister was noted on the evening of 05/18/22, and that the resident asked a girl from eve (evening shift) to apply the heating pad. The heating pad was seen on R20's wheelchair on the morning of 05/19/22. R20 did not want to disclose who gave her the heating pad. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of witness statements revealed that on 05/15/22 (no time noted), CNA1 noticed the electric heating pad on R20's right leg and was asked by R20 to remove it. CNA1 also stated that she did not inform the charge nurse because she thought it was okay to use the heating pad. CNA13 stated that on 05/17/22 after R20 was transferred into her bed after dinner, R20 asked her to get the heating pad from her bag, put it in a pillowcase and place it on top of the wedge used to elevate her calves. R20 also asked CNA13 to put it on the highest setting. CNA13 stated that the heating pad was in use from 08:00 PM to 10:30 PM. She also stated that she did not inform the nurse or oncoming CNAs that the pad was being used and the reason R20 wanted to use it was to relax her muscles. CNA1 stated that on 05/18/22, she noticed a big blister on R20's left leg and reported it to her charge nurse around 05:00 AM. Nurse Manager (NM) 3 stated that on 05/18/22, she was called to assess fluid area on legs. Noted bubbled blister on right and left leg, intact with fluid. R20 also with pitting edema (swelling from too much fluid buildup in the body, when pressure is applied to the swollen area, a pit, or indentation, will remain) to both legs. NM3 stated that there was nothing on the bed that could be the cause of the blisters. CNA17 stated that on 05/19/22 while getting R20 ready to come out of her bed, she noticed a heating pad on R20's wheelchair. CNA17 told R20 that heating pads were not allowed in the facility. When asked if that is what caused the blisters on her legs, R20 said Yes. When asked who placed the heating pad under her legs, R20 said A girl from eve (evening shift). NM3 stated that on 5/19/22, she spoke to attending physician and was told that the blisters were second degree burns from a heating pad. R20 verbalized getting the heating pad from another resident on another unit. On 05/19/22, when the resident was shown the heating pad, she stated I gave it to the Hawaiian lady, she said she was cold on her legs. Review of electronic health records (EHR) done. In Progress Notes dated 05/18/22, at 06:50 AM the nurse documented, This writer was informed that the resident had a blister on her right outer aspect of heel. Blister is intact, measuring 2 cm (centimeters) x 1cm. Findings reported to day (day shift) nurse. Will continue to monitor. On 05/18/22 at 2:30 PM, the nurse documented, While providing ADL's (activities of daily living - basic tasks like personal hygiene, grooming, dressing and eating), staff noted skin problem to BLE (both legs). Pt noted to have two fluid-filled blisters to lateral (side of) RLE (right leg) measuring 1x1.5 cm and 2x1 cm. Pt also has a fluid filled blister to posterior (back of) LLE (left leg) measuring 20x9 cm. Daiya Healthcare notified w/ (with) no new orders. Pt's (patient's) emergency contact, . also notified. Pt voices no c/o (complaints of) pain or discomfort to BLE. On 05/19/23 at 07:28 AM the nurse documented, .This writer was informed that the resident's blisters had popped. Will endorse day nurse to further assess when lighting is better and resident is awake. Will continue to monitor. On 05/19/22 at 1:28 PM the nurse documented, Charge nurse starting treatment for resident's burst blister to RLE. Stated resident had burns and MD (attending physician) was in to assess resident's blisters. RLE burst blistered area 7 x 10 cm, . LLE with larger intact serous-filled blister 25 x 13.5cm. Asked resident what happened and stated I don't want to say who gave me the pad. I don't want them to get in trouble. No sore. I'm paralyzed down there. Explained needed to do teaching with whoever gave her pad and with staff; however, she didn't want to speak about it. Stated, You can throw it away. Heating pad taken from room and discarded. MD stated that burns were 2nd degree. Administrator notified. In Admission Agreement, it was documented that, . items that are not permitted at [NAME] Pearl which include but are not limited to: coffee pots, electric blankets, heating pads, heaters and weapons. On 03/01/23 at 02:00 PM, queried the Administrator about the use of heating pads and the Administrator said there was no policy for heating pads since they are not allowed in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47783 Based on interviews, record and policy review, the facility failed to report suspected abuse to the State Agency (SA) for resident (R) 20. As a result of this deficient practice the SA did not have information to determine if an investigation by the agency was needed, and there is the potential that incidents that are poorly investigated put all residents at risk for neglect. Findings include: Cross Reference to F600 (Free from Abuse and Neglect). The facility failed to protect one of 22 residents sampled from abuse. Resident (R) 20 sustained second degree burns from a heating pad, an item not allowed in the facility, left on her calves by a certified nurse aide (CNA). Cross Reference to F689 (Free of Accident Hazards). The facility failed to ensure R20 was free from accident hazards from the use of an electric heating pad, sustain second-degree burns to both left and right calf areas. R20 is a [AGE] year-old resident admitted to the facility on [DATE]. Diagnoses include paraplegia (paralysis affecting lower half of the trunk and legs), type 2 diabetes mellitus and peripheral vascular disease (narrowing of blood vessels reducing blood flow to the limbs). During an interview with R20 on 03/01/23 at 09:26AM, she stated that the wounds on her calf area to both legs are burns from a heating pad. R20 stated that it happened in May 2022. R20 said, I asked a nurse to place an electric heating pad under my legs before I went to sleep, and it was left on overnight. R20 also said, I did not feel it burning since I can't feel anything down there. Interview with Administrator and Director of Nursing (DON) conducted on 03/01/23 at 03:52 PM in the Administrator's office. When asked if the incident was reported to the State Agency, the Administrator said it was not. Review of facility's policy Comprehensive Abuse Policy and Prevention Program documented under 7) Reporting/Responding: Abuse Policy Requirement: The facility must report alleged violations related to mistreatment, exploitation, neglect or abuse .and report the results of all investigations to the proper authorities within prescribed timeframes .no later than 2 hours after the allegation is made, if the events that cause the allegation abuse or results in serious bodily injury .to the state survey agency and others .will be notified as mandated by regulation and/as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47783 Based on interviews and records review, the facility failed to thoroughly investigate and prevent further potential neglect after R20 sustained second-degree burns from the use of a heating pad. The lack of a thorough investigation and prevention could lead to a corrective action that is ineffective and would continue to put the residents at risk for preventable harm. Finding Includes: Cross Reference to F600 (Free from Abuse and Neglect). The facility failed to protect one of 22 residents sampled from abuse. Resident (R) 20 sustained second degree burns from a heating pad, an item not allowed in the facility, left on her calves by a certified nurse aide (CNA). Cross Reference to F609 (Reporting of Alleged Violations). The facility failed to report suspected neglect to the Stage Agency. Cross Reference to F689 (Free of Accident Hazards). The facility failed to ensure R20 was free from accident hazards from the use of an electric heating pad, sustain second-degree burns to both left and right calf areas. R20 is a [AGE] year-old resident admitted to the facility on [DATE]. Diagnoses include paraplegia (paralysis affecting lower half of the trunk and legs), type 2 diabetes mellitus and peripheral vascular disease (narrowing of blood vessels reducing blood flow to the limbs). During an interview with R20 on 03/01/23 at 09:26AM, she stated that the wounds on her calf area to both legs are burns from a heating pad. R20 stated that it happened in May 2022. R20 said, I asked a nurse to place an electric heating pad under my legs before I went to sleep, and it was left on overnight. R20 also said, I did not feel it burning since I can't feel anything down there. Review of investigative report stated that the blister was noted on the evening of 05/18/22, however, the witness statements revealed that they were reported to the nurse around 05:00 AM on 05/18/22. Investigative report also stated that R20 asked to apply the heating pad on 5/18/22, however, the witness statements revealed that heating pad was used on 05/15/22 and 5/17/22. Investigative report did not include and root cause analysis on why R20 needed the heating pad since she was a paraplegic and how the heating pad got into the facility since they are not allowed in the facility. Summary of findings on investigative report documented, Blisters noted yesterday on eve (evening) shift with no RCA (root cause analysis); however, today (05/19/22) resident with electric heating pad and told CNA she asked a girl from eve (evening) to apply the heating pad on 05/18/22. Pad was seen in resident's w/c (wheelchair) on morning of 5/19/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Administrator and Director of Nursing (DON) conducted on 03/01/23 at 03:52 PM in the Administrator's office. When asked if the incident was reported to the State Agency, the Administrator said it was not since they knew what caused the injury to R20. When asked what was put in place to prevent recurrence, the administrator said they did an in-service to educate the staff that electric heating pads are not to be used in the facility. Administrator also stated that it is also documented in the admission agreement signed by the residents, that electric heating pads are not permitted in the facility. Asked if all the staff were included in the in-service, Administrator said it was primarily with nursing staff. Review of Inservice Attendance Record showed it was signed by 32 nursing department staff. Review of current facility employee list showed that there are three unit managers, 12 registered nurses, two licensed practical nurses and 32 CNAs. Administrator also mentioned that policy on heating pads is not covered in the new employee orientation. Asked if other residents and their family members or visitors were made aware that electric heating pads are not allowed in the facility since another resident gave the heating pad to R20. The Administrator replied that she does not think so but should have sent out information after the incident. The Administrator did not provide documentation that residents, family members, and/or visitors received information that heating pads are not allowed in the facility after the incident. Interview with CNA35 done on 03/02/23 at 01:40 by the computer area near the shower room. Asked if CNAs are allowed to apply heating pads. CNA35 replied that they are allowed in other states but is not sure if they are allowed in Hawaii. She also added that if she does apply heating pads, she would make sure there is an order for it and that she notifies the charge nurse. Interview with CNA8 done on 03/02/23 at 01:49 PM in the nursing unit. Asked if CNAs are allowed to apply heating pads. CNA8 reported heating pads are not allowed in the facility. CNA8 further stated that they are not allowed to apply any heat or cold to the resident without notifying their nurse. Interview with NM3 on 03/03/23 at 11:45 AM in the unit and confirmed that the Registered Nurse (RN) working the night of 05/17/22 was not aware that the CNA placed a heating pad under R20's legs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42160 Based on observations, interviews, and record review, the facility failed to ensure a resident's (Resident (R)8) comprehensive person-centered care plan was implemented. R8 has difficulty swallowing and requires staff supervision during meals for aspiration precaution, observations were made of R8 eating meals in his/her room with no staff present. As a result of this deficiency, the resident is at risk of harm from aspirating during meal(s). Findings include: On 02/28/23 at 08:50 AM, conducted an observation of R8 in his room seated upright in bed, bedside table across his lap, eating breakfast by himself. Interviewed the resident and observed the resident coughing periodically throughout the meal. The resident's cough was wet and it sounded as if the resident was coughing to clear his throat. At 08:57 AM, R8 coughed excessively, and certified nurse aide (CNA) 40 came into the room, checked on R8, then CNA40 left the room, and R8 continued eating his breakfast unsupervised. On 02/28/23 during lunch, observed R8 in his room eating lunch without staff supervision. On 03/01/23 at 11:15 AM, conducted a review of R8's Electronic Health Record (EHR). R8 is a [AGE] year-old male that was admitted to the facility on [DATE], with diagnoses that include Alzheimer's disease, Dementia, cerebral infarction, epilepsy, dysphagia, and chronic kidney disease. Review of the resident's physician orders documented R8's dietary order is a regular diet, honey thick (texture), pureed was started on 08/10/22. Review of R8's care plan documented, R8 has dysphagia secondary to cerebral vascular accident (CVA, stroke), initiated on 06/03/22. Interventions include to observe resident closely for signs of choking, started on 06/03/23. Review of Speech Therapy Plan of Care, completed on 07/14/22, the initial assessment documented the resident needs close supervision for safe PO (oral) intake. On 03/03/23 at 10:22 AM, conducted an interview with CNA29 regarding the type of supervision R8 requires during meals. CNA29 stated R8's head of bed (HOB) should be elevated during meals, during meals staff should be observing him because he is on aspiration precautions. Inquired what type of aspiration precautions is in place for R8. CNA29 stated that staff should be in the room during meals observing and ensuring he does not choke or aspirate. Review of the facility policy and procedure, Aspiration Precaution- nursing, revised 05/01/22, documented Staff shall pay attention to patients eating habits, safety considerations, and Aspiration Precautions .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39754 Based on observations, record reviews, and interviews, the facility failed to review and revise the comprehensive plan of care for three of 22 residents sampled (Resident (R) 7, R41 and R49). This deficient practice failed to effectively address the residents' status, condition, and needs, and therefore not assisting these residents attain their highest practicable physical and psychosocial well-being. Findings include: 1) Review of Electronic Health Record (EHR), showed that R7 was admitted on [DATE] with diagnoses including End Stage Renal Disease, Dialysis, Alzheimer's Disease, Diabetes, Chronic Obstructive Pulmonary Disease, Peripheral Vascular Disease . Medications include Clopidogrel which is used to prevent heart attacks, stroke, prevents blood clots and recommends implementing bleeding precautions. Review of R7's current Comprehensive Care Plan (CP) did not include any precautions for bleeding. During staff interview on 03/02/23 at 12:00 PM, the Director of Nursing (DON) acknowledged that there was no bleeding precautions in R7's CP. DON stated that they would meet with the Unit Manager to have this added. Review of facility policy on Care Plans read the following: Policy statement, Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence. Policy interpretation and implementation, Care plan goals and objectives are derived from information contained in the resident's comprehensive assessment and are resident oriented ., Goals and objectives are reviewed and/or revised . at least quarterly. 43414 2) During observation of dining in the facility's locked memory care unit's dining room on 02/28/23 at 12:06 PM, observed two of five residents, including R41, using plastic utensils instead of silverware. On 03/03/23 at 08:13 AM, observed plastic utensils next to a finished plate and cups and a meal ticket indicating the items are for R41. R41's meal ticket documented R41 to receive plastic utensils and disposable cups. On 03/03/23 at 08:23 AM interview with Registered Nurse (RN) 1 was done. RN1 stated R41 will sometimes use the utensils as a weapon and throws them. For resident and staff safety R41 used plastic utensils instead of the silverware used by other residents. Review of R41's most recent care plan does not include R41 to use plastic utensils as an intervention to prevent R41 from throwing or hurting herself and others when using utensils. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/03/23 at 11:11 AM interview with Director of Nursing (DON) was done. DON reported R41 was taking the silverware from her tray, hoarding them, and hitting and throwing them when upset. DON confirmed the plastic utensils as an intervention was not care planned and should have been. 47783 3) R49 is a [AGE] year-old resident admitted on [DATE]. Diagnoses include bipolar disorder (mental illness causing extreme mood swings), schizoaffective disorder (mental disorder characterized by false beliefs and sensing things that are not real) and hemiplegia (severe or complete loss of strength on one side of the body). On 2/28/23 at 08:45 AM, observed R49 lying in bed with eyes closed, wearing facility provided gown, hair was oily, uncombed with dandruff, unshaven beard, empty urinal without a barrier on the bedside table. At 10:42 AM, R49 was still lying in bed, still wearing the facility provided gown, oily hair and noted both legs with skin dry. At 11:56 AM, Infection Preventionist (IP) was at R49's bedside doing wound dressing change of right foot. R49 asked IP if there was an order for antibiotics for his wound. IP replied it was not needed since the wound was healing well and does not look infected. On 03/01/23 at 08:45 AM, observed R49 in bed eating breakfast, did not respond when greeted. On 03/01/23 at 10:59 AM, observed R49 refusing care from Certified Nurse Aide (CNA) 33. On 03/02/23 at 08:57 AM, observed R49 lying in bed with head slightly elevated eating graham crackers. Hair was still oily with dandruff, unshaven beard and wearing facility provided gown. When greeted and asked if he wanted to raise his head more, R49 did not respond and continued eating. Review of R49's EHR in Progress Notes revealed that R49 refuses care almost every day with some episodes of being verbally aggressive or yelling at staff to leave his room. Review of CP updated on 02/20/23 documented that R49 has behaviors of refusing care and refusal of medications. Interventions documented include charge nurse to rule out if behaviors are pain-related and offer non-pharmalogical interventions, leave room to give time to de-escalate when agitated, staff to encourage and educate resident on importance of receiving care and have social services and psychiatrist to assist as needed. Concurrent record review of R49's CP and interview were done with nurse manager (NM) 3 on 03/02/23 at 01:40 PM in her office. Asked when was the last time R49 was evaluated by a psychiatrist, she replied October 2020 but has a follow up scheduled on 03/23/23. When asked why it took so long to get a follow up evaluation, NM3 said that since R49 was at baseline, they were able to manage his care despite his refusal of care from the staff. Now that he developed more health issues that needed to be addressed, a follow up psychiatric evaluation was made to see if it would help with him refusing care and medications. NM3 also stated that there are certain staff that R49 responds to better than others and she tried to assign them to care for R49 whenever she can. CP was not updated with this information. NM3 said she will update the CP to include this intervention.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47783 Based on observations, record reviews and staff interviews, the facility failed to ensure one of 22 residents (Resident (R) 20) sampled was free from accident hazards from the use of an electric heating pad. As a result of this deficient practice, R20 sustained second-degree burns to both left and right calf areas. Findings include: Cross Reference to F600 (Free from Abuse and Neglect). The facility failed to protect one of 22 residents sampled from abuse. Resident (R) 20 sustained second degree burns from a heating pad, an item not allowed in the facility, left on her calves by a certified nurse aide (CNA). Cross Reference to F609 (Reporting of Alleged Violations). The facility failed to report suspected neglect to the Stage Agency. Cross Reference to F610 (Investigate/Prevent/Correct Alleged Violation). The facility failed to investigate and prevent further potential neglect after R20 sustained second-degree burns from the use of a heating pad. R20 is a [AGE] year-old resident admitted to the facility on [DATE]. Diagnoses include paraplegia (paralysis affecting lower half of the trunk and legs), type 2 diabetes mellitus (high blood sugar) and peripheral vascular disease (narrowing of blood vessels reducing blood flow to the limbs). On 02/28/23 at 10:37 AM, observed R20 lying in bed sleeping. Both legs were elevated off the bed with a pillow to both heels and noted ace wrap to left and right calf area. On 02/28/23 at 11:53 AM, observed R20 still in bed sleeping, but ace wrap to both left and right calf area were removed and revealed open wounds. On 02/28/23 at 12:23 PM, observed Licensed Practical Nurse (LPN) 2 by R20's bedside and both legs were now wrapped with light brown colored bandage. LPN2 said the wound nurse just finished changing the dressing. Interview with R20 done on 03/01/23 at 09:26AM. When asked about wound to calf area on both legs, R20 replied they are burns from a heating pad that happened in May 2022. R20 said, I asked a nurse to place an electric heating pad under my legs before I went to sleep, and it was left on overnight. R20 also said, I did not feel it burning since I can't feel anything down there. On 03/01/23 at 12:30 PM, asked Administrator if an investigation was done for the above incident and if they could supply us a copy along with the facility's policy on electrical heating pads. At 02:00 PM, Administrator provided investigation report and said there is no policy for heating pads since they are not allowed in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of investigative reports revealed that the blister was noted on the evening of 05/18/22, and that the resident asked a girl form eve (evening shift) to apply the heating pad. The heating pad was seen on R20's wheelchair on the morning of 05/19/22. R20 did not want to disclose who gave her the heating pad. Review of witness statements revealed that on 05/15/22 (no time noted), a certified nurses' aide (CNA) 1 noticed the electric heating pad on R20's right leg and was asked by R20 to remove it. CNA1 also stated that she did not inform the charge nurse because she thought it was okay to use the heating pad. CNA13 stated that on 05/17/22 after R20 was transferred into her bed after dinner, R20 asked her to get the heating pad from her bag, put it in a pillowcase and place it on top of the wedge used to elevate her calves. R20 also asked CNA13 to put it on the highest setting. CNA13 stated that the heating pad was in use from 08:00 PM to 10:30 PM. She also stated that she did not inform the nurse or oncoming CNAs that the pad was being used and the reason R20 wanted to use it was to relax her muscles. CNA1 stated that on 05/18/22, she noticed a big blister on R20's left leg and reported it to her charge nurse around 05:00 AM. Nurse Manager (NM) 3 stated that on 05/18/22, she was called to assess fluid area on legs. Noted bubbled blister on right and left leg, intact with fluid. R20 also with pitting edema (swelling from too much fluid buildup in the body, when pressure is applied to the swollen area, a pit, or indentation, will remain) to both legs. NM3 stated that there is nothing on the bed that could be the cause of the blisters. CNA17 stated that on 05/19/22 while getting R20 ready to come out of her bed, she noticed a heating pad on R20's wheelchair. CNA17 told R20 that heating pads were not allowed in the facility. When asked if that is what caused the blisters on her legs, R20 said Yes. When asked who placed the heating pad under her legs, R20 said A girl from eve (evening shift). NM3 stated that on 5/19/22, she spoke to attending physician and was told that the blisters were second degree burns from a heating pad. R20 verbalized getting the heating pad from another resident on another unit. On 05/19/22, when a resident was shown the heating pad, she stated I gave it to the Hawaiian lady, she said she was cold on her legs. Review of electronic health records (EHR) done. In Progress Notes dated 05/18/22, at 06:50 AM the nurse documented, This writer was informed that the resident had a blister on her right outer aspect of heel. Blister is intact, measuring 2cm (centimeters) x 1cm. Findings reported to day (day shift) nurse. Will continue to monitor. On 05/18/22 at 14:30 PM, the nurse documented, While providing ADL's (activities of daily living - basic tasks like personal hygiene, grooming, dressing and eating), staff noted skin problem to BLE (both legs). Pt noted to have two fluid-filled blisters to lateral (side of) RLE (right leg) measuring 1x1.5 cm and 2x1 cm. Pt also has a fluid filled blister to posterior (back of) LLE (left leg) measuring 20x9 cm. Daiya Healthcare notified w/ (with) no new orders. Pt's (patient's) emergency contact, . also notified. Pt voices no c/o (complaints of) pain or discomfort to BLE. On 05/19/23 at 07:28 AM the nurse documented, .This writer was informed that the resident's blisters had popped. Will endorse day nurse to further assess when lighting is better and resident is awake. Will continue to monitor. On 05/19/22 at 13:28 PM the nurse documented, Charge nurse starting treatment for resident's burst blister to RLE. Stated resident had burns and MD (attending physician) was in to assess resident's blisters. RLE burst blistered area 7.0 x 10.0cm, . LLE with larger intact serous-filled blister 25.0 x 13.5cm. Asked resident what happened and stated I don't want to say who gave me the pad. I don't want them to get in trouble. No sore. I'm paralyzed down there. Explained needed to do teaching with whoever gave her pad and with staff; however, she didn't want to speak about it. Stated, You can throw it away. Heating pad taken from room and discarded. MD stated that burns were 2nd degree. Administrator notified. In Admission Agreement, it was documented that, . items that are not permitted at [NAME] Pearl which include but are not limited to: coffee pots, electric blankets, heating pads, heaters and weapons.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 42160 Based on observations, interviews, and record review, the facility failed to ensure professional standards of practice were implemented for a resident (Resident(R)32) receiving supplemental oxygen. As a result of this deficient practice, residents on supplemental oxygen are at a potential of harm related to respiratory infection. Findings include: Multiple observations (02/28/236 at 09:12 AM; 03/01/23 at 08:53 AM; and 03/02/23 at 08:52 AM) were made of R32's oxygen concentrator, mask/tubing, and reusable container (holds humidifying solution) and the equipment was not labeled with a date or time. On 03/02/23 at 10:20 AM, conducted a review of R32's Electronic Health Record (EHR). Review of physician orders documented R32 receives oxygen 1-4 Liter per minute (LPM) vis nasal cannula for shortness of breath (SOB) or oxygen levels below 90%. On 03/02/23 at 02:35 PM, conducted an interview with an anonymous nursing staff (NS) 8 regarding the labeling of tubing and humidifier concentrator container. NS8 stated the tubing and reusable reservoir should have been labeled with the date and time but was not. Review of the facility policy and procedure, Use of Oxygen, last updated on 03/28/17, documented V. If a reusable humidifier is used, it should be emptied, rinsed, dried, and refilled with sterile water daily. The person changing the water should label it with the date, time, and initials.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care. 48102 Based on observations, interviews, and record review (RR), the facility failed to ensure physician services adequately addressed the needs of one of 22 residents sampled (Resident (R) 24). Physicians are required to supervise medical care of residents by prescribing medications and therapy, participating in resident assessment and care planning, monitoring changes in resident's medical status, and providing consultation or treatment when contacted by the facility. Findings include: (Cross-Reference to F841 Responsibilities of Medical Director) On 02/28/23, conducted a RR of Resident (R) 24's Electronic Health Record (EHR). Review of R24's vitals documented on 08/04/2022, R24 weighed 96 lbs. On 02/22/2023, R24 weighed 86.4 pounds which is a -10. 00 % loss. On 01/04/2023, R24 weighed 103 lbs. On 02/22/2023, the resident weighed 86.4 pounds which is a -16.12 % loss. On 02/28/23 at 02:05 PM, conducted a telephone interview with R24's guardian (GG). GG stated that she comes to the facility daily during mealtimes to assist R24 with eating. However, she had recently undergone surgery and has been unable to go to the facility for approximately two weeks (end of January 2023 to early February 2023). GG stated R24 may eat a few bites of main dish, fruit, or other sides, refuse the rest of her meal, but will drink Boost nutrition supplement. GG informed this surveyor that she regularly attends R24's quarterly care plan meetings. On 03/01/23 at 10:03 AM, conducted a RR of R24's EHR. Review of R24's dietary progress note on 02/03/23 at 4:51 PM documented, R24 was reviewed for significant (sig) weight (wt.) loss of 9.4# (-9.13%) in 1 month and the wt. loss was likely related to meal refusal and poor oral intake. Dietary will provide Boost breeze 120 ml TID (three times a day) and GG is agreeable to increase supplement to 237 ml TID. Additional RR on 03/02/23 of R24's EHR of all physician progress notes did not address or document R24's significant weight loss or plan of care to address the significant weight loss. Physician's progress notes documented: 01/12/23- Condition is medically stable at the present time. 02/23/23- Review of systems performed .Patient has been doing well .No new behavioral issues. R24's EHR did not contain any documentation that the physician provided oversight of other disciplines (dietary and nursing) for the overall care of R24's significant weight loss from 01/04/23 to the date of RR. On 03/02/23, after completing the RR of R24's EHR, this surveyor conducted a telephone interview with R24's Attending Physician (AP). AP confirmed that he was aware of resident's weight loss and further stated, I don't address every issue. AP confirmed he did not have a current plan to address R24's weight loss. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/02/23 at 01:35 PM, conducted concurrent RR and interview with Registered Dietician (RD). RD stated she did notify AP of R24's most recent weight loss and did not receive instructions from physician on how to address and approach R24's significant weight loss.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47783 Based on observation, interviews and record review, the facility failed to provide behavioral health care to one of 22 residents (R) sampled. R62 was not monitored for adverse effects or effectiveness of prescribed psychotropic (drugs affecting behavior, mood, thoughts, or perception) medications. This deficient practice has the potential to affect all residents on psychotropic medications. Findings include: R62 is a [AGE] year-old resident admitted on [DATE] for short term rehab after a hospitalization due to a fall at home. Diagnoses include lung cancer, anxiety disorder, and depression. On 02/28/23 at 12:56 PM, observed R62 sitting on wheelchair holding an emesis basin and was drooling. She said she just threw up. Licensed Practical Nurse (LPN) 2 came in the room to check on her and later helped R62 to her bed. LPN2 was observed administering R62 her medication by mouth. After LPN2 left, asked R62 if she felt well enough to talk, she responded Yes. Asked R62 what happened, she responded she had an anxiety attack. R62 reported she usually throws up when she has anxiety attacks. Asked if she was on any medications for her anxiety, R62 said she had anxiety attacks for a long time and is taking medications for it. Asked if she gets anxiety attacks often, R62 responded she has been getting more lately since she was hospitalized . When asked if she knows what triggers her attacks, R62 said she just has a lot on her mind lately and really wants to go home. R62 then got teary-eyed and said she's hoping she'll be strong enough to be able to go back home on Friday (03/03/23). Review of R62's Electronic Health Record (EHR) under Orders revealed that R62 was on alprazolam (anti-anxiety medication) 0.25 milligrams (mg) as needed and mirtazapine (antidepressant) 15 mg at bedtime. No order was found to monitor for adverse effect and effectiveness of both medications. Under Care Plan, for Psychotropic Drug Use, interventions include monitoring for adverse effects and effectiveness of medication, educate on relaxation techniques and monitor resident's mood and response to medication. Interview with Nurse Manager (NM) 3 done on 03/02/23 at 10:17 AM in her office. Asked if R62 was being monitored for adverse effects and effectiveness of alprazolam and mirtazapine. NM3 said there was no monitoring for it and said there should be. Review of EHR under Orders on 03/03/23 at 10:17 AM revealed that monitoring for adverse effects and effectiveness of alprazolam and mirtazapine was initiated on 03/02/23.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 42160 Based on observation, interview, and record review, the facility failed to ensure that an accurate account of controlled drugs is maintained and periodically reconciled. As a result of this deficiency, there is the potential for the of diversion of controlled drugs. Findings include: 1) On 03/02/23 at 09:14 AM, conducted an inspection of a medication cart on 1 of 3 units. Review of the Controlled Medication & Shortened Expiration/Unlabeled Medication Sign Off log (accounts for counted and ensuring the accurate reconciliation of controlled drugs between shifts) documented 4 incidents (03/23/23 at 14:00 (02:00 PM) on-coming staff; 03/2/22 at 22:00 (10:00 PM) on-coming and off-going 03/02/23 at 06:00 AM off-going shift) when staff did not complete the form. Also, on 03/02/23 the 14:00 (02:00 PM) off-going was signed in advance. Reviewed the form with Registered Nurse (RN)1 and he/she confirmed the log was not properly signed by staff and staff should not have pre-signed the log. On 03/02/23 at 09:29 AM, conducted an interview with the Director of Nursing (DON) and the Regional Nurse (RRN) regarding the reconciliation of controlled drugs between shifts. The DON and RRN confirmed nursing staff should complete the form each shift, on-coming and off-going nursing staff should sign the form after they have counted and verified the controlled drug count together to prevent an opportunity for diversion of controlled drugs. Review of the facility's policy and procedure Controlled Medication Storage documented, At each shift change or when keys are surrendered, a physical inventory of all scheduled II, including, refrigerated items, is conducted by two licensed nurses or per state regulation and is documented on the controlled substance accountability record or verification of controlled substances count report. 2) While conducting an inspection of the same medication cart on 03/02/23 at 09:14 AM, this surveyor reviewed the pharmacy's Controlled Drug Count for Resident (R)12 documented the resident had an order for Morphine 100 mg (milligrams)/ml (milliliter), 5 mg (0.25 ml) for SOB (shortness of breath) or moderate pain as needed; Morphine 100 mg (0.5 mg) for SOB or severe pain as needed. Staff documented on 11/30/22 at 10:33 AM there was 14.75 mls in the bottle. Observation of the bottle documented the bottle contained more than 16 mls of Morphine remained in the bottle that differs from staff's documentation. Review of an unopened bottle of morphine and the Controlled Drug Record form documented the bottle received had 30mls of morphine and visual inspection of the bottle contained more than 30 mls in bottle. RN1 stated, it is not uncommon for the facility to receive more actual (liquid) medication than what is documented on the pharmacy's-controlled drug record. When questioned, staff did not know what the facility's procedure was to account for receiving more liquid medication than documented on the form. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/02/23 at 09:29 AM, during an interview with the DON and RRN, this surveyor shared observation of the discrepancy between the actual amount of morphine the facility has on hand and the documented amount. The DON and RRN confirmed, the amount in the bottle should match the amount written on the pharmacy's Controlled Drug Record. DON and RRN confirmed this error in accounting for the actual amount of morphine could result in the diversion of a controlled medication. On 03/02/23 at 12:03 PM, the DON informed this surveyor, the pharmacist was contacted and stated staff should call the pharmacist to confirm the overage then document it on the Medication Administration Record (MAR) and start the count at the actual amount of medication and not at the amount on the bottle's label.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43414 Based on observation, record reviews, and interview, the facility failed to adequately monitor medication for one resident (R), R37, of five residents sampled for unnecessary medications. As a result of this deficient practice, R37 was put at risk for adverse side effects of a psychotropic medication. Findings include: R37 is a [AGE] year-old and was admitted to the facility on [DATE] with diagnoses of Alzheimer's disease. major depressive disorder, insomnia, unsteadiness on feet, repeated falls, muscle weakness, cerebral infraction, and vascular dementia with other behavioral disturbance. During review of R37's monthly medication regimen review (MRR) from the consultant pharmacist to the attending physician, the MRR for the month of November 2022 documented the following recommendation from the pharmacist This resident is receiving citalopram (Celexa) 30 mg {milligrams]/ day. Citalopram has a maximum recommended dose of 20mg daily in geriatric patients due to increased exposure and risk of QT prolongation [extended interval between the heart contracting and relaxing]. Please consider decreasing this does to 20mg per day. A written response on the MRR documented Defer to Psychiatry Dr [doctor} . On 03/03/23 at 11:02 AM interview with Regional Nurse was done. Inquired if R37's MRR pharmacy recommendation for November was reviewed by the psychiatrist as indicted by the written response, Regional Nurse confirmed there was no documentation that the psychiatrist received and responded to the recommendation by the pharmacist. Review of the facility's policy and procedure 8.1 Medication Regimen Review and Reporting dated 09/18 documents Resident-specific MRR recommendations and findings are documented and acted upon by the nursing care centers and/or physician .The nursing care center follows up on the recommendations to verify appropriate action has been taken. Recommendations shall be acted upon within 30 calandar days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 43414 Based on observation, interview, and record review, the facility failed to ensure all medications used in the facility were securely stored in locked compartments. Proper storage is necessary to decrease the risk of diversion of resident medications. This deficient practice has the potential to affect all residents in the facility. Findings include: On 02/28/23 at 08:36 AM during an initial observation of residents, observed a resident walk up to a medication cart in the activity room and lean on to the side of the medication cart. Observed two residents in wheelchairs independently move to the front of the activity room toward the medication cart, a total of nine resident were in the activity room. Upon close observation of the medication cart observed it to be unlocked and unattended. Registered Nurse (RN) 3 assigned to the medication cart was administering medication to a resident in the activity room with her back facing the medication cart. Interview with RN3 confirmed the medication cart should have been locked. Review of the facility's policy and procedure section 4.1 STORAGE OF MEDICATION document In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications (such as medication aides_ are allowed access to medication carts. Medication room, cabinets and medication supplies should remain locked when not in use or attended by persons with authorized access.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43414 Based on interview and record review the facility failed to assist Resident (R) 41 obtain routine dental care, including making an appointment, arrange for transportation to and from the dental service location, and if eligible, apply for reimbursement of dental services as incurred medical expense under the State plan. Findings include: R41 is a Medicaid resident and was admitted to the facility on [DATE]. On 02/28/23 at 11:05 AM interview with R41's resident representative, Family Member (FM) 14, was done. FM14 reported R41 was admitted to the facility with dentures that she can longer use. FM14 stated R41 has not seen a dentist since admission to the facility and would love for her to get her dentures fixed or have new dentures. FM14 reported the facility knew R41's had dentures and they no longer fit her. Review of R41's Electronic Health Record (EHR) documents in the nursing notes R41 looking for her dentures and document the dentures not being used due to it not fitting well on 12/06/20 and 12/08/20. The nursing notes further document the FM14 is aware and stated R41 does not have dental insurance for another denture. On nursing notes dated 12/15/20, Resident informed MD [physician] that dentures do not fit well. Order obtained for dental referral for new dentures. Son .made aware of dental referral and ok with it. On 03/02/23 at 10:40 AM concurrent record review and interview with Registered Nurse (RN) 1 was done. RN1 reported a few years ago R41 had dentures but they did not fit anymore and R41's representative did not want her to go to the dentist .due to money or medical problem, not to sure. Concurrent review of R41's nursing notes, RN1 confirmed the physician ordered a dental referral and the son was ok with it. RN1 confirmed there was no documentation that a referral had been made and R41 seen the dentist. On 03/03/23 at 09:09 AM interview with Director of Nursing (DON) was done. DON confirmed the facility did not arrange accommodations, including make an appointment or arrange transportation for R41 to see the dentist after the physician made an order on 12/15/20 and/or for routine dental care. On 03/03/23 at 09:43 AM a second interview with FM14 was done. FM14 reported he does not know if R41's Medicaid insurance covers routine dental or denture services. FM14 confirmed if Medicaid covered R41's dentures to get adjusted or fixed and/or for new dentures he would want that for R41. FM14 further stated if R41 had properly fitted dentures it would improve her quality of life because she may be able to eat things she was not able to eat anymore. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy and procedure Dental Services effective 06/01/20 document the facility must Provide or obtain from an outside resource routine and emergency dental care to meet the needs of each resident and must assist the resident to make appointments and arrange for transportation to and from the dentist's office. The definition included for routine dental services documents .an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor partial or full denture adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impressions for dentures and fitting dentures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48102 Based on observations, interviews, and record review, the facility failed to ensure food was stored in in accordance with professional standards for food service safety. Finding include: On 02/28/23 at 08:14 AM, conducted an inspection of walk-in refrigerator. Observed unsealed container of ricotta cheese that was not labeled with date/time opened or a discard date. The ricotta cheese container was shown to the Dietary Manager (DM) and inquired about the facility's procedure for labeling and determining how long food products are kept after opening. DM stated that the opened container of ricotta cheese should have been labeled with the date and time it was opened and the ricotta cheese was not labelled in accordance with the facility's procedure. Received and reviewed the facility's Food Storage policy and procedure (last updated 10/15/17) on 03/02/23. The policy and procedure documented, food storage containers shall be labeled when container is first opened and date when product will be consumed, sold, or discarded.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility. 42160 Based on interviews and record review, the facility failed to ensure the Medical Director (MD) was responsible for coordination of medical care in the facility, including the oversight of other practitioner practicing in the facility. Findings include: (Cross-Reference to F710 Resident's Care Supervised by Physician) On 03/03/23 at 12:15 PM, during a surveyor meeting, the team became aware that R24's attending physician had not adequately addressed the resident's significant weight loss. (Cross Reference to F710 - Resident's Care Supervised by a Physician.) On 03/03/23 at 12:17 PM, conducted an interview with the MD with all surveyors present. Inquired how the MD coordinates and provides oversight for other practitioners providing care for residents in the facility. MD stated he was not aware that there were other physicians providing care in the facility and was unaware of his responsibility to provide oversight of other practitioners in the facility. Informed MD of R24's significant weight loss and R24's attending physician did not address or document any plan of care or pain of action to address the resident's significant weight loss. MD was unaware of R24's significant weight loss or the resident's situation. MD was also unaware of the facility's process for providing feedback to physicians and other health care practitioners regarding their performance and practices, including discussing and intervening (as appropriate) with a health care practitioner regarding medical care that is inconsistent with current professional standards of care. On 03/03/23 at 12:35 PM, requested with the Director of Nursing (DON), Administrator, and the Regional Nurse (RRN) for a copy of the facility's job description and role and responsibilities of the medical director and a list of other practitioners in the facility. On 03/03/23 at 01:30 PM, received a list of attending physicians providing care in the facility which documented there are 3 other attending physicians, a wound care group with 2 physicians, and 2 physicians that provide hospice services. This surveyor was informed by the RRN that the facility did not have a job description and no documentation was provided related to the role and responsibilities of the medical director. This surveyor was provided a copy of the MD's Physician Services Agreement. Review of the Physician Services Agreement did not include documentation of the medical director's responsibility to ensure other practitioners are providing care aligned with the current standard of practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39754 Based on record review, staff interview and review of the COVID-19 Risk Mitigation Plan, the facility failed to provide COVID-19 vaccine education for two Residents (R) 25, R42 of the five residents sampled. As a result of this deficiency, the facility did not meet the regulation for providing education regarding benefits and potential risks associated with the vaccination. Findings include: Review of Electronic Health Record (EHR) revealed that R25 was admitted on [DATE]. Further review showed R25 refusal of the COVID-19 vaccination on 02/02/23. There was no documentation of education regarding the benefits and potential risks associated with vaccine. Review of Electronic Health Record (EHR) revealed that R42 was admitted on [DATE]. Further review showed R42 refusal of the COVID-19 vaccination on 12/31/22. There was no documentation of education regarding the benefits and potential risks associated with vaccine. During staff interview on 03/03/23 at 12:25 PM, Infection Preventionist (IP) acknowledged that there was no documentation of the facility providing R25 and R42 education regarding the benefits and potential risks associated with the COVID-19 vaccination. Review of the COVID-19 Risk Mitigation Plan read the following: revised 2/6/2023, Vaccination Program, residents have the right to refuse COVID-19 immunization. Documentation in the resident medical record will include education . declination.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125048	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ann Pearl Nursing Facility	45-181 Waikalua Road 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)
F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 38870 Based on documentation, the facility failed to ensure a single resident bedroom measured at least one hundred square feet of usable space and ensure a multi-resident room provides a minimum space of eighty square feet per bed of unusable space, excluding closets, bathrooms, alcoves and entryways. Findings include: 1) Room HH1 on the Hale Ho'olu unit accommodates one resident. HH1 does not measure at least one hundred square feet of usable space and is short by five feet three inches of the 100 square feet requirement for this room. 2) Room HH3 on the Hale Ho'olu unit houses multiple residents and does not meet the requirement of eighty square feet per bed of usable space and is short five feet eight inches of the 240 square feet requirement.