



Resident Orientation Information

Revised February 2026



Hale Makua Kahului • 472 Kaulana Street • Kahului, HI 96732 • 808.877.2761
www.halemakua.org

Welcome to Hale Makua Kahului!

We strive to make our facility feel like home rather than an institution; a place where residents are honored and respected. You will become part of a neighborhood at Hale Makua Kahului – a small group of residents and care partners working, growing, and learning together – as well as part of our larger Hale Makua community.

We created this booklet to provide you with some insight into life at Hale Makua Kahului. We hope you find it helpful, and we encourage you to ask any care partner for more information whenever you need it.

OUR MISSION: We improve the well-being of those in our care through compassionate personalized health services in our home and yours.

OUR VISION: We will be a leader in customized care that inspires well-being and independence, distinguished by the quality of our team.

OUR VALUES:

Compassion: We act with compassion; treating Elders, their families, each other, and ourselves with kindness, understanding, dignity and respect.

Commitment: We are passionately committed to the well-being of our community, providing quality services and compassionate care, and collaborating within our organization and industry.

Community: We play a vital role in our community by being a sustainable resource, building capacity, and fulfilling the needs of the Maui Community.

Well-Being: We improve the well-being of those in our care by creating opportunities for connectedness, meaning, joy, individuality, enrichment, liberty, and security.

Quality: We provide high-quality health services by continuously seeking ways to improve well-being, while delivering reliable, dependable care.

Collaboration: We collaborate with each other and those in our community and industry, acting with integrity and honesty at all times.

ABOUT HALE MAKUA HEALTH SERVICES

Hale Makua Health Services is a modern organization that provides Maui's residents with home- and community-based healthcare programs. Its roots are firmly planted in the island community and a long and rich tradition of caring. Hale Makua Health Services is a private, nonprofit Hawaii corporation whose policies are established by a voluntary, non-paid Board of Directors. These dedicated Directors who give so generously of their time represent a cross section of the community at large.

Hale Makua Health Services was originally founded in 1946 as "Hale Makua," a 24-bed structure built by the community in Happy Valley to provide a home for aging men. In 1953, Malulani Hospital facilities were transferred to the trustees of Hale Makua to meet the growing need for expansion. Replacing the old structure in 1966, the present Hale Makua Long-Term Care community in Wailuku can accommodate 90 residents in an indoor- outdoor design that takes advantage of Maui's unique environment.

The Hale Makua Kahului community opened its doors in 1978 with accommodations for 124. In 1996, we opened the Harry & Jeanette Weinberg Long-Term Care wing, adding rooms for 118 people. In 2006, the Gardenia neighborhood was opened in Kahului, adding accommodations for 16 additional residents. The two communities now have a capacity of 344 and offer a broad spectrum of services including physical therapy, occupational therapy, speech therapy, nursing, and medical social work services to persons of all ages.

Since 1968, Home Health by Hale Makua has been providing professional health services to physician-referred, home-bound Mauians.

In 2005, Hale Makua Health Services again expanded our services to the Maui community by offering Rehab by Hale Makua. Now, you don't have to be a Hale Makua resident to benefit from our state-of-the-art rehabilitation program. People who are living at home while recovering from hip or knee replacement, from spinal chord injury, stroke, or any other surgery or injury, can receive physical therapy, occupational therapy, speech therapy, and/or hand therapy on their physician's orders, from Rehab by Hale Makua on an *outpatient basis*.

Recognizing the growing need in our community, Hale Makua Health Services has forged ahead with innovative programs such as Adult Day Health by Hale Makua. Since 1986 Adult Day Health by Hale Makua is the only adult day healthcare program on Maui certified and licensed by the Hawaii Department of Health. The program provides care coordinated by an interdisciplinary team, which includes a social worker, dietitian, activities professional, and nurse. Adult day healthcare must be prescribed by a physician and is intended for individuals who need assistance with activities of daily living. Our goal is to maintain or restore to the fullest extent possible a participant's ability to remain in their home and community for as long as physically possible. The program also affords caregivers respite from the demanding responsibilities of care giving.

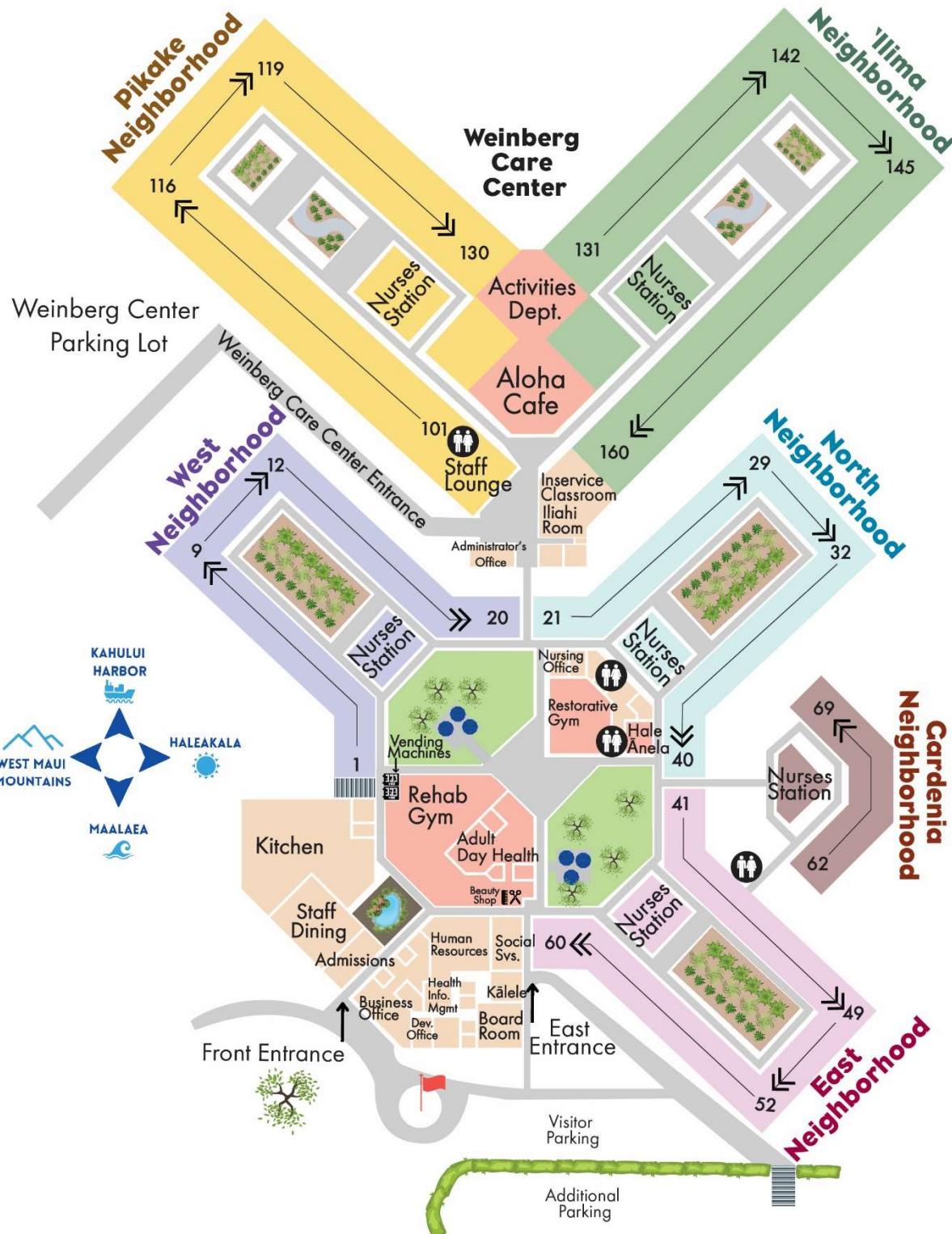
In 2008 our Board of Directors decided to expand the *Hale Makua* name to *Hale Makua Health Services* in order to reflect the breadth of diverse healthcare programs and services provided to Maui's residents of all ages. Hale Makua Health Services' two long-term care communities for the elderly and disabled in Kahului and Wailuku are still known by the widely recognized name of "Hale Makua."

Responding to the need for more home- and community-based services, Hale Makua Health Services converted one neighborhood of the nursing home in Wailuku to an Adult Residential Care Home in 2012. Care Homes by Hale Makua can serve up to 22 adults who are mostly independent but who may have some age-related sensory reductions or need minimal assistance with activities of daily living.

Hale Makua Health Services continues to respond to the evolving healthcare needs of the Maui community in a time where the demands on the healthcare industry continue to increase as Baby Boomers age. We want our community to count on and look to Hale Makua Health Services as the premier provider of excellent home- and community-based healthcare services, in addition to a place where our family or friends can live with compassionate care when they can no longer reside safely at home.



KAHULUI CAMPUS MAP



YOUR CARE TEAM

Many individuals will contribute to your care and wellbeing, both directly and indirectly. Staff wear name tags that contain their name and their title.

Neighborhood Supervisor – All neighborhoods are supervised by a licensed nurse, who may be a Neighborhood Supervisor or a Charge Nurse.

Both professional registered nurses (RNs) and Licensed Practical Nurses (LPNs) will be involved in your care, which includes assessing your condition, planning your care, administering medications and performing treatments.

Certified Nursing Assistants (CNAs) will assist you with activities of daily living such as bathing, walking and eating. The CNAs have been trained and certified by the State of Hawaii. To maintain competency and certification, each CNA receives continuing education and must complete a minimum of one hour of in-service training for each month of employment (12 one-hour training sessions a year).

At Hale Makua, the Director of the Social Services Department is a Licensed Social Worker and oversees all aspects of the Social Services Department's operation. Each resident is assigned their own Social Services Assistant (SSA). Your SSA may assist you with accessing services related to your mental health and well-being like arranging service referrals for counseling/therapy, crisis intervention, and grief support. When you are

participating in discharge planning, your SSA will assist you with locating and/or obtaining community services. They provide assistance with changing, updating, or creating an Advanced Health Care Directive and/or Health Care POA. When appropriate, they will contact your provider and family to complete surrogacy or guardianship. If any meetings with you and/or your loved one and our care team are needed, your SSA can assist you with coordinating a family meeting. The Social Services Department works within the interdisciplinary team in planning your care and relays your preferences related to discharge, mood, behavior, trauma, and other related needs you may have.

Neighborhood Clerks support nursing staff with data entry, answering phones, and ordering of supplies. They personally deliver your mail to your bedside, arrange for, and provide appointment reminders, and arrange for haircut appointments.

Registered Dietitians (RD's) and Nutrition Services Staff and Supervisors will be involved in your nutritional care, including obtaining food preferences (your likes, dislikes, food allergies and intolerances), assessing your nutritional status, reviewing your food intake, monitoring your weight and evaluating and improving the quality of your meals and dining experience. The dietitians and the Nutrition Services Staff and Supervisors work within the interdisciplinary team in planning your care. The Registered Dietitians are available to provide specialized diet counseling as needed. A selective menu is available in conjunction with gourmet entrée salads, soup and sandwich of the day and local favorites.

The Rehab Department consists of physical (PT), occupational (OT), and speech (ST) therapists. They are trained to rehabilitate those affected by stroke, fracture, cardiac or pulmonary disease, arthritis, or traumatic injury. Specific therapy to improve your strength, balance, walking, activities of daily living, swallowing, or speech must be ordered by your physician. Once someone has received the maximum amount of rehab authorized by their insurance company, a maintenance exercise or restorative program will be offered.

You will probably get to know our Housekeepers well, as they ensure that our community is kept clean, including cleaning your room every day. You'll also get to know our Laundry Services care partners as they deliver your clean clothes every few days. Maintenance Workers will be in your room on a periodic basis to perform routine preventive maintenance or to make needed repairs.

We are very fortunate to be serviced by a large number of volunteers, who may help with meal service, crafts, entertainment, and "talking story". Volunteers are an integral part of our 'ohana. If you think that a volunteer could be of assistance to you, or if you would like to become a volunteer, please call our Volunteer Coordinator at 871-9271, or stop by the Office of Development at Kahului.

CARE PLANS & RESIDENT CARE CONFERENCES

While you are at Hale Makua, there are a lot of different departments involved with your care such as Nutrition Services, Nursing, Social Services, Activities, and other departments depending on need

Interdisciplinary Team (also called Care Team) – This team is responsible for assessing your daily healthcare needs, creating a care plan, and following up to ensure that all of your needs are met. The IDT includes

Upon admission and at least every 90 days, or more often if needed, the team will meet with you and/or your loved one to discuss your individualized care plan. Meetings will be coordinated to meet your schedule as much as possible. We highly encourage you to attend as it is the time to ensure we are meeting your needs and your choices regarding your care are being honored.

‘ONO FOOD- YOUR DINING EXPERIENCE

At Hale Makua, as in many family homes, food is an integral part of life. Our meals are prepared and served with the true spirit of aloha. The Nutrition Services Department is pleased to serve you a wide variety of foods and beverages. Our menu features many home-style items, as well as ‘local’ favorites, including Hawaiian, Filipino, Portuguese, American and Asian cuisine. Our breakfasts are bountiful and always include fresh fruit, juice and a variety of breakfast breads, eggs and meats. And we proudly serve ‘local’ freshly-ground hot Maui Oma Coffee.

Each neighborhood is stocked with a nice selection of snacks. Just let your neighborhood care partner or nutrition services representative know if you would like one of these items.

Our Nutrition Services/Resident Relations Coordinator will visit you after admission to discuss food preferences, weight, etc. A dietitian may visit you as well during your stay with us. They will assess your nutritional status and work with you and the Care Team to customize a care plan to ensure your optimal nutritional health. Please don't hesitate to let your neighborhood care partner know if you have particular food or beverage requests, food or beverage dislikes, or would like to select your menu for the week.

We have a Food Committee that meets quarterly. At these meetings, we evaluate and make menu changes, plan menus for holidays and theme/special days, evaluate recipes, and sample new products. All residents are welcome and encouraged to participate.

The dining experience is a time for friends and family to "talk story" while enjoying a healthy, balanced meal. Our *Aloha Café* is a wonderful place to eat and meet people. We are pleased to serve restaurant- style breakfasts featuring fresh fruit, a variety of cereals and pastries, and hot favorites.

We invite your family and friends to dine with us. A guest meal is only \$5.00 for lunch, which includes a healthy entrée, sides, vegetable or salad, and fruit or dessert. Guest meal tickets may be purchased in advance from Monday – Friday at the Business Office in Kahului from

8:00 a.m. - 4:30 p.m. You can purchase one or more tickets in advance, and then simply give the meal ticket to your neighborhood care partner any time before or during the breakfast service, and at least an hour before for lunch and dinner.

For your health and safety, we recommend that any food you choose to keep be stored in tightly sealed plastic containers. All food and containers are required to have your name and the current date. Perishable items will be discarded after three days. Each neighborhood has refrigerators to use to store your food. Please don't hesitate to ask to have your goodies refrigerated to keep them fresh and out of reach of bugs and birds.

While birds are a joy to watch, it is important that we maintain a healthy environment at Hale Makua by keeping birds away from meal trays and food. We appreciate your cooperation in not feeding the birds.

LAUNDRY SERVICE

Hale Makua will wash and dry all of your clothes, as well as bed linens and towels, which we provide. Please label all clothing with your name (last name, first initial) with an indelible laundry marker pen. It is best to mark them inside the collar at the back, or on the waistband near the brand label. For items such as socks, please mark them on cuffs. Please turn in your clothing to nursing staff so they can do an inventory and document what clothes you have. Hale Makua does not do dry cleaning. If your family prefers, they can take your personal laundry home to wash.

SUGGESTED CLOTHES & PERSONAL ITEMS LIST

People often ask what to bring when they move to Hale Makua. Here are some general suggestions.

Personal Items: Toothbrush, toothpaste, electric razor, aftershave lotion, shampoo, comb, and deodorant. Hale Makua may provide you with some of these items upon request.

LADIES

- 8 slacks and blouses
- 6 Dresses, muumuus, or housecoats
- 2 Sweaters, one warm jacket, shawl
- 12 Underwear (T-shirts, panties)
- 2 Nightgowns or clothes for sleeping
- 6 Pair of socks or hose
- 1 Pair of slippers or shoes rubber soles with rubber soles

MEN

- 8 Wash and wear pants and shirts
- 6 T-shirts
- 2 Sweaters, one warm jacket
- 12 Undershorts
- 2 Pajamas or clothes for sleeping
- 6 Pair of socks
- 1 Pair of slippers or shoes rubber soles with rubber soles

Please turn in clothing to the nursing care team to assist in labeling, inventory and documentation of your belongings, not only on your first day, but anytime you bring new items to the facility.

You have the right to and are encouraged to retain and use personal possessions, including some furnishings, as space permits, unless doing so would infringe on the rights or health and safety of other residents. You are encouraged to maintain your funds in a Resident Individual Account (RIA) and to keep only minimal amounts of cash in your room. You may request a locked drawer in your room. Hale Makua will not be liable for

missing cash or property and will not be liable for damaged property unless caused solely by Hale Makua.

We encourage you to leave valuables and important documents with family or friends.

BEAUTICIAN/ BARBER SERVICES

Beautician/barber services are available at Hale Makua for a reasonable fee. You may pay for these services out of your Resident Individual Account. If you are interested, please let a neighborhood clerk know what services you would like, and they will ensure you have the available funds and schedule your appointment.

RELIGIOUS SERVICES

Religious services of various denominations are held at Hale Makua. The time and day are shown on the activity calendar. If you would like to be visited by a minister or spiritual advisor, please let your Care Team know.

MAIL

Mail that is addressed to you at Hale Makua will be delivered to your room. Please coordinate directly with your neighborhood staff if you would like us to forward your mail or any specific instruction regarding your mail. We are happy to assist in mailing out any items for you. Please let any neighborhood staff know.

TELEPHONES

We have cordless telephones on every neighborhood for your use, as well as phones in some common areas. Please ask any care partner if you need assistance with the phone.

North	442-4558
East	442-4556
West	442-4557
Pikake	442-4553
Ilima	442-4552
Gardenia	442-4559

You may find it easier to sign up for a cell phone service. This service also needs to be arranged by you or your family or friend.

If you require calling assistance because of a speech or hearing disability, please let the neighborhood supervisor know. We will help you get connected with the Language Line as needed.

PETS

We encourage and promote easy access to animal companionship, while providing a safe living environment for all residents, family, visitors, and staff.

Visiting Pets: You may have visits by your family pets as long as they are clean, safe, and do not bite or make a mess. Please talk to a staff person before bringing in a pet so they can review with you what the expectations are for visiting pets. Some local agencies also bring animals to Hale Makua

for visits. If you are interested in a pet visit, ask any care partner to find out when their next visit is scheduled

ACTIVITES/ THINGS TO DO

We believe that each resident's psycho-social, social, spiritual, community, creative, and recreational needs should be met in an atmosphere of caring, compassion and fun. A variety of programs are offered, including:

- ethnic/cultural entertainment
- community outings
- table games
- cooking sessions
- support groups
- art groups
- computers for your use are located in Activity centers

You will receive an Activity Calendar the first of each month, listing all our planned entertainment, outings, and groups. We believe in the importance of spontaneity, so unplanned events and activities pop up as well. Our Activities care partners will work with you and/or your family to provide for your individual activity needs.

GRIEVANCES

Hale Makua places a high value on delivering excellent service that is responsive to individual needs. You and your representative have the right to file a grievance. If your verbal concern is not promptly addressed to your satisfaction, it will be investigated as a grievance.

YOUR SAFETY

Your safety is very important to us. Every month we have a fire drill so that care partners can practice what to do in the event of a real fire. We also are inspected annually by the Department of Health Life Safety Department to ensure that we are following the federal, state and county regulations that govern safety in nursing homes.

We are aware that residents are at risk for falls, and we take many precautions to reduce that risk, including low beds, alarms on wheelchairs, and magnetically armed exits. Unfortunately, and despite the best efforts of our dedicated care partners, falls occasionally occur.

RESTRAINTS

Hale Makua is a restrain free facility. We do not chemically or physically restrain our residents and ensure we provide quality of services so that each resident functions at their highest level.

Medications will only be initiated/used in the presence of active clinical symptoms and after non-pharmacological interventions and least restrictive measures have been attempted (CMS, F757).

As a new admission, rehab services will be assessing you for rail appropriateness. Residents who are determined to need rails will have a smaller “assist rail” installed on their bed for mobility and re-positioning purposes (CMS, F700).

For more information on restraints please refer to the State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities Webpage link: http://www.cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

OUTINGS

You may leave the community with your family or friends for day visits. Let the nurse know ahead of time so that any medication you need can be packaged for you to take with you. Everyone must sign out when leaving, and sign in when returning. There are books on each neighborhood for signing out and signing in. Please note that insurance companies have different reimbursement guidelines regarding residents being out of the community. The person signing you out of the community has full responsibility for your health and safety during the outing.

VISITORS

Hale Makua places a high value on personal relationships and socialization. Visitation is highly correlated with improved quality of life. Visitors are viewed as advocates for residents and are encouraged and welcomed in our homes.

We do not have set visiting hours at Hale Makua; your family and friends of all ages may visit at any time. You also have a right to refuse or deny visits at any time. Please let staff know if you would like a private space when you have visitors. We may ask to change the location of a visit if it infringes on the rights of other residents. For example, if a late-night visit prevents your roommate from sleeping.

Between 7 p.m. and 7 a.m. the main entrance doors are locked for safety and security. You may still have visitors during these hours. If the doors are locked, you can press the red button at the Kahului East entrance, which will alert staff to unlock the door.

Hale Makua will never deny your right to see any person who helps you with your health, social, legal, or other services. This means you have the right to meet and visit with representatives from the State, the Department of Human Services, the long-term care ombudsman, and agencies responsible for advocacy and protection.

On rare occasions, Hale Makua may find it necessary to require a visitor be supervised by staff during visits, such as when the visitor has been disruptive or caused problems during visits. The police may be notified and involved if a visitor is disruptive or presents a safety threat to any resident, staff, or another visitor.

Hale Makua may occasionally need to control visitation to control the spread of infection. This may be limited to a specific area (one neighborhood) or to the entire home. In some instances, visitors may be asked to wear gloves, a mask, or other protective clothing to help control infection.

PHOTOGRAPHY, VIDEO & AUDIO RECORDING

Residents, clients, and staff have a right to privacy, and a right to decide whether or not they wish to be photographed or recorded. They also have

the right to determine how and where their photograph is used. You may not photograph or record others without their expressed consent. This policy applies to all recording devices including cameras with film, digital cameras, cell phones, video cameras, and audio recorders.

PARKING

Hale Makua provides a number of complimentary parking stalls for visitor use. Please do not park in the driveways next to red curbs, which are for fire trucks and ambulances. We recommend that cars be locked and that no valuables be left in your car. Hale Makua is not responsible for stolen or damaged personal property.

Handicapped parking is available in the Weinberg Care Center lot, and in the front parking lot, near the entrance closest to the Board Room and the Office of Development.

SMOKING

Hale Makua is obligated to protect you from second-hand smoke. Therefore, and according to State law, smoking is permitted only in designated areas. The staff will advise you where these areas are, and what time restrictions may be in place for your safety.

MEDICATION/ PHARMACY SERVICES

A physician must prescribe all medication given to you by the nurses. The pharmacy we use delivers medications to Hale Makua. The federal government requires the pharmacist be on call 24-hours-a-day to meet

your needs. If you want to use another pharmacy, they must agree to meet the requirements established by the federal government.

If you want to take non-prescription medications, vitamins, mineral supplements, or herbal medicines, they must be approved by your physician. Please contact your Neighborhood Supervisor for further guidance before bringing any medications, vitamins or supplements into Hale Makua.

If you want to keep your medication at the bedside and take it yourself or take medications not provided by the pharmacy, we will assess whether that can be safely arranged. All medications kept at the bedside must be secured in a locked container.

PHYSICIAN SERVICES

The physician of your choice supervises your medical care. When your physician is not available, the physician on call or the house physician will take over. Physicians are required by federal regulation to visit at least once every 30 days for the first 90 days after admission and at least once every 60 days after that. Our Medical Director provides overall supervision of medical services and sees that standards are maintained.

If you have the Kaiser Health Plan, care will be provided by a Kaiser physician and, for every other visit and day-to-day needs, a Nurse Practitioner.

The Nurses will contact your physician or the nurse practitioner for orders as needed. Should you want to see or talk to your physician, you may ask the nurse for his or her contact information.

APPOINTMENTS OUTSIDE OF HALE MAKUA

If you need to leave Hale Makua for a medical appointment and your family cannot take you, Hale Makua may assist with transportation arrangements. A family member is encouraged to accompany you to your appointments.

ADVANCED DIRECTIVES

Advance directives are a way for you to tell us what kind of care you want in the event you become too ill to speak for yourself. If you have not appointed someone to make healthcare decisions for you, and you are unable to make decisions for yourself, Hawaii State Law provides for health care decisions to be made by a surrogate decision maker. The Social Services Department will be happy to provide you with more information and resources.

MEDICAL RECORDS

Hale Makua maintains and protects all of your records in accordance with federal and state guidelines, as well as Hale Makua's established policies and procedures. The Health Information Management Staff can assist you or your representative in obtaining or inspecting a copy of the protected health information. To initiate a request to obtain or inspect a copy of the protected health information, please ask your Care Team or contact Health Information Management Staff at hmkhealthinformation@halemakua.org.

ROOM CHANGES

Hale Makua makes every effort to place you in a room that is satisfactory. Sometimes, all of the rooms are full, and it is not possible to meet a room request at the outset.

It is the policy of Hale Makua that when a person has a complaint about their room or roommate, the person making the complaint will be offered the choice to be moved as soon as is practical. If you wish to change rooms, please let a staff member know.

From time to time for operational reasons, we may have to make changes in rooms and/or roommates. We will notify you and/or your representative verbally and in writing if we need to initiate a room or roommate change.

BUSINESS OFFICE

The Business Office handles the financial functions at Hale Makua, which include billing, collection of payments, and Resident Individual Accounts (RIAs).

The Business Office is located at Hale Makua Kahului and is open Monday through Friday from 8 a.m. to 4:30 p.m. (except holidays) and can be reached at 877-2761.

After you are admitted to Hale Makua, you or your responsible party will receive a “Billing Questions and Answers” booklet. This booklet discusses the most commonly-asked billing questions, like where to make a payment, who to contact if your mailing address changes, and

other information. If you need another copy of this booklet please contact the Business Office at 871-9235.

BILLING, INSURANCE, AND PAYMENT

Private Statements: If you owe Hale Makua any money for your stay, including Cost Share (see below) you will receive a statement from our Business Office. Please contact the Business Office at 808-236-8000 should you have any questions.

Medicaid: Medicaid is an income-based insurance program administered by the State of Hawaii. There is an application process to determine if you meet income eligibility and other requirements. Our Business office can help you apply for Medicaid or provide suggested resources.

Medicaid Cost Share: When you are approved for Medicaid, the State MedQuest office will determine your Cost Share. Cost Share is the amount you must pay Hale Makua for your care and the State pays the additional amount above your Cost Share. Cost Share is typically the amount of your Social Security check minus \$50, for your personal needs. If you have other income in addition to Social Security, that income will also be used for your Cost Share. It is important to pay your Cost Share first, before paying other bills.

Medicare: Medicare is a federal program that is not based on income. Your diagnosis and the services you need determine whether or not Medicare will pay for your care. For information on what Medicare pays for, or for any payment/billing related questions, please refer to your

Billing Questions and Answers Booklet, or contact the Business Office at 877-9235 or 873-6636.

Private or other Insurance: If you have private or insurance other than Medicare or Medicaid, your covered benefits, diagnosis and the services are necessary to determine how much if anything your insurance company will pay for your care. For information on what your insurance may cover please contact your insurance company or the Business Office at 877-9235 or 873-6636.

YOUR MONEY: RESIDENT INDIVIDUAL ACCOUNTS

You may open a Resident Individual Account (RIA) to hold your money. The account pays interest on any amount over \$50. We will provide you with a statement of your account every quarter. When you need money, you may request it from the neighborhood clerk or nurse, or a Business Office, Activities, or Social Services care partner.

If you are requesting a large amount of money and the Business Office does not have the funds on hand, they will issue a check. It is important to plan ahead if you want a large amount of money.

If you need money on the weekend or a holiday when the offices are closed, contact the Activity Department. They keep a small amount of money available for such requests.

YOUR SATISFACTION

Resident satisfaction is a key part of quality care, and an important goal of everyone at Hale Makua. Satisfied residents enjoy maximum physical and emotional comfort, which includes:

- being as free from pain and discomfort as possible
- having physical needs met quickly and courteously
- being treated with compassion and respect
- being informed of what is happening with their care and why
- maintaining privacy and dignity

To help us ensure your satisfaction, we encourage you and your family to communicate openly with all Hale Makua care partners and let us know of any concerns you may have. We welcome your comments, suggestions, and concerns.

YOUR RIGHTS AS A RESIDENT

Hale Makua is committed to providing services in an atmosphere of dignity and respect. We support you in exercising your rights. Exercising rights means that you have the freedom to choose, to the maximum extent possible, how you wish to live your everyday life and receive care.

All residents at Hale Makua have the right to:

- A dignified existence, self-determination, and communication with and access to persons and services inside and outside the nursing home.
- Exercise his or her rights as a resident of the nursing home and as a citizen or resident of the United States.

- Be free of interference, coercion, discrimination, and reprisal from the nursing home in exercising his or her rights.
- Upon an oral or written request, access all records pertaining to himself or herself including current clinical records, within 24 hours (excluding weekends and holidays).
- After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard, photocopies of the records or any portions or them upon request and 2 working days advance notice to the nursing home.
- Be fully informed in language that he or she can understand, of his or her total health status, including but not limited to, his or her medical condition.
- Be fully informed in advance about care, treatment, and of any changes to care or treatment that may affect the resident's well-being.
- Refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive.
- Be informed, both orally and in writing in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the nursing home.
- Be informed in writing if he or she is eligible for Medicaid benefits:
 - of the items and services that are included in the nursing home services under the State plan and for which the resident may not be charged,
 - other items and services the nursing home offers and for which the resident may be charged, and the amount of those charges,
 - and be informed when changes are made to the items and services above.

- Be informed, before, at the time of admission, and periodically during the resident's stay, of services available in the nursing home and of charges for those services, including any charges for services not covered under Medicare or by the nursing home's per diem rate.
- Be furnished with a written description of legal rights which includes:
 - A description of the manner of protecting personal funds
 - A description of the requirements and procedures for establishing eligibility for Medicaid
 - A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups.
 - A statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.
- Be informed of the name, specialty, and contact information for the physician responsible for the resident's care.
- Have prominently displayed, information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payment covered by such benefits.
 - Be informed, and to have their physician, legal representative, and interested family member also be informed, of:
 - An accident involving the resident which results in injury and has the potential for requiring physician intervention
 - A significant change in the resident's physical, mental, or psychosocial status
 - A need to alter treatment significantly

- A decision to transfer or discharge the resident from the nursing home
- Be informed, and to have their legal representative be informed when there is:
 - A change in room or roommate assignment
 - A change in resident rights under Federal or State law or regulations
 - Manage his or her financial affairs, and to be informed they are not required to deposit personal funds with the facility
 - Authorize the facility to safeguard, manage, and account for the resident's personal funds
 - Choose a personal attending physician
 - Privacy and Confidentiality
 - Voice grievances without discrimination or reprisal, and to have the facility make prompt efforts to resolve those grievances
 - Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.
 - Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.
 - Refuse to perform services for the facility, and to perform services for the facility if he or she chooses.
 - Privacy in written communication, including sending and promptly receiving mail that is unopened, and to have access to stationery, postage, and writing implements at the resident's own expense.

- Access to their family, any advocacy agencies, State or Federal entities, or others who provide health, social, legal, or other services, or who are visiting with the consent of the resident.
 - Reasonable access to the use of a telephone where calls can be made without being overheard
 - Retain and use personal possessions, including some furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
 - Share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.
 - Self administer drugs when the IDT has determined this practice is safe
 - Refuse certain transfers, as described in §483.10(o) through §483.12(b) (4).
 - Equal access to quality care

STAFF RIGHTS

Just as you have the right to be treated with dignity and respect, employee care partners deserve the same consideration. Resident and staff satisfaction are intertwined and depend on mutual respect and acceptable conduct. Staff members have the right to be free of intentional mistreatment, intimidation, or harassment in any form. If necessary, we will take appropriate action to protect staff rights.

OMBUDSMAN

The State of Hawaii has an Ombudsman whose role it is to advocate for the residents in Long-Term Care. If you wish to contact the Long-Term Care Ombudsman, he can be reached at 808-586-0100, toll free at 800-984-2400, or by email at john.mcdermott@doh.hawaii.gov.

You can voice or hand your complaint to any care partner, including the Administrator, who is the designated Grievance Officer. Or you can place it in one of our suggestion boxes, mail it to Hale Makua at 472 Kaulana Street, Kahului, HI 96732, submit it through our web site, halemakua.org, or bring it up at a Resident Council meeting. You can remain anonymous if you want to. All grievances are promptly investigated, addressed, and evaluated as a potential opportunity for improvement.

You have a right to file a grievance with the Long-Term Care Ombudsman at 808-586-0100, or toll free 800-984-2400. You can also access the State of Hawaii Office of HealthCare Assurance and click on the “contact email” icon at <http://health.hawaii.gov/ohca/home/medicare-section>, or contact the CMS Quality Improvement Organization for Hawaii, Mountain Pacific, at 808-545- 2550. Contact information is located on bulletin boards in the nursing homes as well.

NONDISCRIMINATION

Hale Makua Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, gender, pregnancy, age, religion, color, ancestry, national origin, military/veteran status, citizenship, disability, marital status, genetic information, credit

history, sexual orientation, arrest and court record, gender identity and expression, domestic or sexual violence victim status, or other grounds protected under state and/or federal law. Hale Makua Health Services does not exclude people or treat them differently because belonging to one or more of these classes or groups.

We provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- We provide free language services to people whose primary language is not English, such as qualified interpreters

Information written in other languages If you need these services, contact Ted Tucker, Chief Human Resources & Compliance Officer.

If you believe that Hale Makua Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Ted Tucker, Chief Human Resources & Compliance Officer/Civil Rights Coordinator, 472 Kaulana Street, Kahului, HI 96732, Direct: (808)871- 9220, Speech-to-Speech Line: (877) 447-8711, TTY: (877)447-5990 Fax: (808)871-92677, Email: tedt@halemakua.org.

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Ted Tucker is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically

through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

Availability of Language Services for Persons with Limited English Proficiency (LEP)

Ilokano (Ilocano)

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahen nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990) まで、お電話にてご連絡ください。

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990)

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990). 번으로 전화해 주십시오.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

Gagana fa'a Sāmoa (Samoan)

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

Foosun Chuuk (Trukese)

MEI AUCHEA: Ika iei foosun fonusu: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-888-808-9008, PIN Code: 1332528 (TTY: 1- 877-447-5990).

ho‘okomo ‘ōlelo (Hawaiian)

E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo [ho‘okomo ‘ōlelo], loa‘a ke kōkua manuahi iā ‘oe. E kelepona iā 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

Kajin Majōl (Marshallese)

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ne am ejjełok wōñāān. Kaalok 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

Bisaya (Bisayan)

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

Tonga (Tongan)

FAKATOKANGA’I: Kapau ‘oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Telefoni mai 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານໄວ ວ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼື້ນ ອດັນພາສາ, ໄດລົບເສັງຄ່າ, ແມ່ນມີຜົນໃຫ້ທ່ານ. ໂທຣ 1-888-808-9008, PIN Code: 1332528 (TTY: 1-877-447-5990).

JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Effective Date Of This Notice: February 12, 2026

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact our Privacy Officer, who may be reached at 45-181 Waikalua Road, Kaneohe, HI 96744, Phone: (808) 562-3796.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices at Ohana Pacific Health ("OPH") facilities and of OPH service providers that are designated as a single "affiliated covered entity" under the federal law known as the Health Insurance Portability and Accountability Act ("HIPAA"). The entities and providers that are included may be found at the following link: www.ohanapacific.com. This Notice also applies to and will be followed by:

- The health care providers, such as physicians, nurses, or other clinical staff who provide services at an OPH facility or for an OPH service provider, whether or not they are employed by the facility or the OPH service provider; and
- Other persons who are employed by or work at OPH facilities or for an OPH service provider.

All of these persons are referred to as "we" or "us" in this Notice.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you in accordance with the requirements of HIPAA. We will create a record of the care and services you receive from us. Your protected health information ("PHI") is health information that contains identifiers, such as your name, e-mail address, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers. This Notice applies to all of the PHI we generate or receive about you, whether we documented the PHI or another provider sent it to us. This Notice will tell you the different ways we may use or disclose PHI about you. This Notice also describes your rights regarding the PHI we keep about you and describes certain obligations we have regarding the use and disclosure of your PHI.

In addition to protecting the privacy and security of your PHI, HIPAA requires us to notify you of our legal duties and privacy practices with respect to PHI about you; to notify you in the event there is a breach of your unsecured PHI; and to follow our Notice of Privacy Practices currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we may use or disclose PHI about you. Unless otherwise noted, each of these uses and disclosures may be made without your specific permission. For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, unless we ask you for a separate authorization, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use PHI about you to provide you healthcare treatment and services. We may disclose PHI about you to doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. For example, a doctor treating you at another facility may need to know if you have diabetes or other conditions, so we may provide that information to the doctor.

For Payment. We may use and disclose PHI about you so that the services you receive from us may be billed to and payment collected from you, an insurance company, a state Medicaid agency or another third party. For example, we may need to give your health insurer or Medicare or QUEST information about your treatment so we can be paid for our care or receive prior approval for your care.

For Healthcare Operations. We may use and disclose PHI about you for our healthcare operations, as appropriate to run our operations and make sure that our patients receive quality care. For example, we may use PHI to review our treatment and services, for quality and utilization purposes, to obtain legal advice, or to evaluate the performance of our staff in caring for you.

Directory (as available). Unless you object, we will include certain limited information about you in the facility's directory while you are an inpatient at our facility. This information may include your name, location in the facility, your general condition (fair, stable, etc.), and your religious affiliation. With the exception of your religious affiliation, the directory information may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you do not want this information listed in the directory, you must notify the Administrator.

Individuals Involved in Your Care or Payment for Your Care and Notification. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, information that directly relates to that person's involvement in your health care. We also may give information to someone who helps pay for your care. In addition, we may disclose PHI about you to disaster relief agencies, such as the Red Cross, so that your family can be notified about your condition, status, and location. We also may share PHI with these people to notify them about your location and general condition. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot object, we will use our professional judgment to determine whether the disclosure is in your best interests and whether the person may act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other similar items.

Research. We may use and disclose PHI about you for research purposes, for example, to compare the effectiveness of one medication over another. Health information about you that has had identifying information removed may be used for research without your consent. If any research project uses your PHI, we will either obtain an authorization directly from you or obtain a waiver of the authorization requirement from an Institutional Review or Privacy Board based on assurances that the researchers will adequately protect your PHI.

As Required By Law. We will disclose PHI about you when required to do so by federal, state, or local law, such as in compliance with a court order requiring us to do so.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, if you threaten violence to a family member, we may report information to the police to allow them to protect the family member.

Active Duty Military Personnel and Veterans. If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Public Health Activities. We may disclose PHI about you for public health activities. These activities generally include preventing or controlling disease, injury, or disability; reporting births, deaths, child or vulnerable adult abuse or neglect, domestic violence or other violent injuries, reactions to medications or product injuries or recalls; and for organ or tissue donation.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to an order issued by a court or administrative tribunal; or pursuant to a legally authorized request, such as a subpoena, discovery request, or other lawful process, so long as the person requesting the information has complied with HIPAA requirements to notify you and provide you a reasonable time for objections, or has made reasonable efforts to obtain an order protecting the information requested.

Law Enforcement Purposes. We may release PHI if asked to do so by a law enforcement official:

- in response to a court order or court-ordered subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death or injury we believe may be the result of criminal conduct;
- about suspected criminal conduct at OPH or on OPH property; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors. We may release PHI to a coroner or health examiner if necessary to identify a deceased person or determine the cause of death, or to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official, if such information is necessary for the institution to provide you with healthcare or to protect your health and safety or the health and safety of others.

Marketing. Most uses and disclosures of your PHI for marketing purposes require your prior written authorization.

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes require your prior written authorization.

Sale of Your PHI. We do not sell your PHI. If in the future we decide to sell your PHI, we would obtain your written authorization before doing so.

Fundraising. We may use certain information about you (name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for OPH, but if we do this we will provide you a way to opt out of such communications. Even if you have opted out, we may send you non-targeted fundraising materials that we send out to the general community and that are not based on information we have obtained from your treatment.

Transitions of Care. When working with other health care providers such as local hospitals, physician offices and other skilled nursing facilities, we will securely send your health information electronically through private networks. This technology allows us to send continuity of care documents, care summaries, lab results and more to help ease transitions of care.

Health Information Exchanges. We participate in one or more Health Information Exchanges (“HIEs”), including the Hawai‘i Health Information Exchange (Hawai‘i HIE). These exchanges allow health care providers and organizations to securely share your health information electronically to improve the quality, safety, and coordination of your care. Your health information may be shared through an HIE with other providers involved in your care, unless you choose to opt out.

If you do not want your health information to be viewable through the Hawai‘i HIE Health eNet Community Health Record (“CHR”), you must complete a Request to Stop Individual Participation form, available at www.hawaiihie.org. Submit the completed form to your health care provider, who will forward it to Hawai‘i HIE. Your request will be processed within 10 business days, and you will receive confirmation from Hawai‘i HIE. Even while opted out, your health information may still be contributed to the CHR but will not be viewable by providers (including emergency room physicians). You may opt back in at any time by submitting a Request to Resume Individual Participation form. For questions or assistance, contact Hawai‘i HIE at (808) 441-1374 or visit their [Policies page](#).

HOW WE MAY USE AND DISCLOSE YOUR SUBSTANCE USE DISORDER DIAGNOSIS & TREATMENT RECORDS

Any records we receive or maintain containing information about your diagnosis or treatment for a substance use disorder (“SUD”) are subject to additional protections under 42 CFR Part 2 (“Part 2”). We may only disclose information relating to your SUD diagnosis or treatment (“Part 2 Records”) in the following scenarios:

Without Your Consent.

- **Medical Emergency:** We may use or disclose your Part 2 Records to health care providers when it is necessary to meet a bona fide medical emergency and your prior written consent cannot be obtained. We also may disclose your Part 2 Records to medical personnel at the United States Food and Drug Administration (“FDA”) who state a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA authority, but the FDA will use your information solely to notify you or your providers of potential dangers. We will document any such disclosures in your medical record.
- **Court Order with Compulsory Process:** We may disclose your Part 2 Records in response to a special court order that complies with the requirements of 42 CFR Part 2, Subpart E and is accompanied by a subpoena or similar legal mandate that requires the use or disclosure.
- **Research:** We may use or disclose your Part 2 Records for research purposes if we determine that one or any combination of the following is true:
 - The recipient of the information is a covered entity or business associate as those terms are defined under HIPAA, and a patient authorization has been obtained or the authorization requirement has been waived under HIPAA; or
 - The research is conducted in accordance with the Department of Health and Human Services policy on the protection of human subjects research (45 CFR Part 46); or
 - The research is conducted in accordance with the FDA requirements regarding the protection of human subjects research (21 CFR Parts 50 and 56).
- **Audit & Evaluation Activities:** We may use and disclose your Part 2 Records for auditing or evaluation activities that are performed on behalf of: any federal, state or local government; any third-party payer or health plan that provides insurance coverage to patients in a Part 2 program; a quality improvement organization or their contractors; or any entity with direct administrative control over a Part 2 program. These disclosures will be made in accordance with the requirements of 42 CFR § 2.53.

- Public Health: We may disclose your de-identified Part 2 Records for public health purposes to a public health authority pursuant to 42 CFR § 2.54.
- Commission of Crime: We may disclose your Part 2 Records to law enforcement if information in your records directly relates to (1) your commission of a crime on OPH property or against an OPH employee, or (2) your threat to commit such a crime. Any disclosure for this purpose will be limited to circumstances of the incident, your name, address, and last known whereabouts.
- Child Abuse/Neglect: We may disclose your Part 2 Records when the law requires us to report incidents of suspected child abuse or neglect to the appropriate state or local authorities. However, without your consent we may not disclose your Part 2 Records as part of any civil or criminal proceeding against you that may arise from a report of suspected child abuse or neglect.
- Fundraising: We may use Part 2 Records about you to contact you in an effort to raise money for OPH to support our services. Before using or disclosing your Part 2 Records in this way, we will provide you with an opportunity to opt out of receiving this type of communication.

With Your Consent.

- Pursuant to Consent: If we have received your Part 2 Records pursuant to your written consent, we may disclose those Part 2 Records without your written consent as permitted by HIPAA, except as described below.
- Civil, Criminal, Administrative, or Legislative Proceedings Against You: If we receive your specific written consent or a court order, we may use and disclose your Part 2 Records in connection with any civil, criminal, administrative, or legislative proceeding brought against you. Your records will only be used or disclosed based on a court order (1) if the court order authorizing the use or disclosure of your records is accompanied by a subpoena or similar legal mandate compelling the disclosure, and (2) after notice of the order and an opportunity to object is provided.

YOUR RIGHTS REGARDING YOUR PHI AND PART 2 RECORDS

You have the following rights regarding PHI and Part 2 Records we maintain about you:

Right to Inspect and Copy. You have certain rights to inspect and copy PHI or Part 2 Records that may be used to make decisions about your care (such as health and billing records), to the extent provided by law. This does not include psychotherapy notes or other records covered by a separate legal privilege or other legal protection. To inspect and copy PHI, your request must be in writing on a form provided by or agreeable to us and submitted to the facility's or other OPH service provider's Administrator or our Privacy Officer. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request, in accordance with applicable law. For any electronic health records we maintain about you, you may request that we provide the information in paper format or electronic format and that we provide the copy to you or to another person. We may charge a reasonable fee for the cost of providing electronic information you request, not greater than our labor costs in responding to the request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by OPH will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will do what this reviewer decides.

Right to Amend. If you believe PHI we keep about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing on a form provided by us and submitted to the facility's or other OPH service provider's Administrator or our Privacy Officer. We may deny your request for an amendment if the information was not created by us, unless the person who created the information is no longer available to make the amendment; if the information is not part of the PHI kept by or for OPH; if it is not part of the information which you would be permitted to inspect and copy; or if we determine the information is accurate and complete. If we deny your request for an amendment, you may submit a written

statement of disagreement and ask that it be included in your medical record. Any amendment we make to your PHI will be disclosed to those who need to know of the amendment, to the extent required by law.

Right to an Accounting of Disclosures. You have the right to request an accounting (a list) of any disclosures of your PHI and Part 2 Records we have made, except for uses and disclosures for treatment, payment, and health care operations. To request this list of disclosures, your request must be in writing on a form provided by us, and the form must be submitted to the facility's or other OPH service provider's Administrator or our Privacy Officer. Your request must state a time period that may not be longer than six years before the date of your request. If disclosures of your Part 2 Records were made through an electronic health record, this accounting will include disclosures we made for the purposes of treatment, payment, and health care operations for the past three years. The first accounting of disclosures you request within a 12-month period will be free. We may charge you for the costs of providing additional accountings within that period, but we will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will provide you an accounting of disclosures within 30 days of your request, or notify you if we are unable to supply the accounting within that time period and by what date we can supply the accounting, not to exceed a total of 60 days from your request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI or Part 2 Records we use or disclose about you (1) for treatment, payment, or health care operations, or (2) to someone who is involved in your care or the payment for your care. While we may accommodate reasonable requests for restrictions, we are not required to do so (for example, if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you). If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing on a form provided by or agreeable to us, and submit the form to the facility's or other OPH service provider's Administrator or our Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply. You also have the right to request a restriction on the PHI or Part 2 Records we may disclose to your health plan about the care or services you receive from us, so long as you (or anyone other than your health plan) have paid in full for that care or those services at the time services are rendered. We are required to, and will, comply with any such request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. During our intake process, we will ask you how you wish to receive communications about your health care or for any other instructions on notifying you about your PHI. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time upon request, even if you have previously agreed to receive an electronic copy of the Notice. You may also obtain a copy of this Notice on our website at www.ohanapacific.com.

MINORS AND PERSONS WITH GUARDIANS

Married minors have all the confidentiality rights outlined in this Notice. Unmarried minors who are at least 14 years old have all the confidentiality rights outlined in this Notice regarding health care they obtain relating to treatment of venereal disease, pregnancy and family planning services, and SUD counseling. Minors who are at least 14 years old and who do not have the support of a parent or guardian also have all the rights outlined in this Notice regarding primary care services they obtain. Except as described in this section, for unmarried minors and persons with a legal guardian, a parent or legal guardian generally has the right to access the medical record of the minor or ward and make certain decisions regarding the uses and disclosures of that information, in accordance with applicable law.

Changes to This Notice. We reserve the right to change this Notice and to make the changed Notice effective for PHI and Part 2 Records we already have about you as well as any information we receive in the future. If we make an important change to our privacy practices, we will promptly change this Notice and the new Notice will be posted at the facility or other OPH service provider's office and on our website. A paper or electronic copy of

the revised Notice will be distributed to new patients at our facility or of our other OPH service providers and will be available to you upon request.

Investigations of Breaches of Privacy. We will investigate any discovered unauthorized use or disclosure of your health information or Part 2 Records to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

Complaints

If you have a complaint about your privacy rights or our privacy and security practices or breach notification procedures, you may file a complaint with us (contact our Privacy Officer at the address or telephone number listed at the top of this Notice). You also may send a complaint to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F HHH Bldg., Washington D.C. 20201, or you may email a complaint to OCRCComplaint@hhs.gov. **You will not be penalized for filing a complaint.**

Other Uses of PHI

Other uses and disclosures of PHI or Part 2 Records not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us authorization to use or disclose PHI or Part 2 Records about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI or Part 2 Records about you for the reasons covered by your written authorization. However, you should understand that we are unable to take back any disclosures we have already made, and that we are required to retain the records of the care that we provided to you.

Participants in the OPH Affiliated Covered Entity

For the list of participants, go to www.ohanapacific.com

* * * * *

JOINT NOTICE OF PRIVACY PRACTICES

Participants in the OPH Affiliated Covered Entity

(as of November 5, 2025)

1. Ann Pearl Care Home, LLC dba Ann Pearl Rehab. and Healthcare
2. Integrated Health Resources, LLC dba Puuwai O Makaha
3. Liliha Kupuna SNF, LLC dba The Villas
4. Garden Isle Healthcare, LLC dba Garden Isle Rehab & Healthcare
5. Hale Kupuna Heritage Home, LLC dba Hale Kupuna Heritage Home
6. Hilo SNF, LLC dba Legacy Hilo Rehabilitation & Nursing
7. Prime Care Services Hawaii, LLC dba Home Health Honolulu
8. Stay at Home Healthcare Services, LLC dba Home Health Kauai
9. Stay at Home Healthcare Services, LLC dba Home Health Hawaii Island
10. Kalele Care Services, LLC dba Kalele Care Services
11. Hale Makua Health Services
12. Hawaii Health Systems Corporation – Oahu Region relating to Daniel K. Akaka State Veterans Home
13. Ohana Pacific Foundation operating as Kauai Adult Day Health

* * * * *

Discrimination is Against the Law

OHANA PACIFIC HEALTH and ITS COVERED FACILITIES comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Our covered facilities:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need any of these services, contact our Civil Rights Coordinator at:

civilrightscoordinator@ohanapacific.com or (808) 562-3755.

If you would like to file a grievance or complaint, you may contact our Civil Rights Coordinator at civilrightscoordinator@ohanapacific.com OR 45-181 Waikalua Road, Kaneohe, Hawaii 96744 OR (808) 562-3755. You can file a grievance by email or mail or in person. Our Civil Rights Coordinator is available to help you with filing a grievance.

You can also file a civil rights complaint with the U.S. Dept. of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (phone) or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak a foreign language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-808-562-3755 or speak to your provider.

繁體中文 (Chinese-Cantonese/Mandarin): 注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費 提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-808-562-3755 或與您的提供者討論。

한국어 (Korean): 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-808-562-3755번으로 전화하거나 서비스 제공업체에 문의하십시오.

Tiếng Việt (Vietnamese): LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-808-562-3755 hoặc trao đổi với người cung cấp dịch vụ của bạn. **Ilokano (Ilocano):** PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a format. Awagan ti 1-808-562-3755 wenco makisarita iti mangipapaay kenka.

Foosun Chuuk (Chuukese/Trukese): ESINESIN: Ika en mi kan fos non Chuukese, mi kawor aninisin awewan fos ese kamo ngonuk. Mi pwan kawor aninisin ousening me aninisin maken non och nikinik epwe mecheres ngonuk ese kamo. Kekeri 1-808-562-3755 ika fos ngeni noumw ewe chon awora aninis.

日本語 (Japanese): 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-808-562-3755までお電話ください。または、ご利用の事業者にご相談ください。

Tagalog (Tagalog – Filipino): PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-808-562-3755 o makipag-usap sa iyong provider.

Kajin Majol (Marshallese): IKIJEN: Ne kwōj kajin Majol, ewōr jibañ ejellok wonnen ñan kwe ilo kajin eo am. Ebar wōr kein roñjak im jibañ ko rekkar ñan lewaj melele ilo wāween ko kwōmaron loi im ejellok wonnen. Kall ae lok 1-808-562-3755 ñe ejab kenono ibben armij ak opij eo ej lewaj jerbal in jjibañ ñan kwe.

Gagana fa'a Sāmoa (Samoan): MAITAU MAI: Afai e te tautala (Samoa), e avanoa le auaunaga fai fua i lea gagana mo oe. Fesoasoani i ausilali ma auaunaga talafeagai e tu'uina atu fa'amatalaga i fola avanoa ma maua gofie e leai se totogi. Vala'au le 1-808-562-3755 pe talanoa i lau tagata fa'atonu.

Tonga (Tongan): FAKATOKANGA: 'O kapau 'oku ke lea[Lea faka-Tonga], 'oku 'i ai e tokotaha ke tokoni ta'etotongi atu he lea koia. Oku 'i ai e ngaahi me'a ngaue mo e ngaahi ngaue kene 'omai ha ngaahi fakamatala pea 'i ha founa faingofua pea 'oku ma'u ta'etotongi foki. Telefoni ki he 1-808-562-3755 pe lea ki ho'o kautaha.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-808-562-3755 o hable con su proveedor.

Lokaiahn Pohnpei (Pohnpeian/Micronesian): MEHN KAPEHSE: Mah ke kin Lokaiahn Pohnpei, mie sahpis en kawehwe lokaia kin kohda ni sohte pweipwei ohng kowe. Mehn sawas teikan oh sahpis ohng kihda

mengihtik ni soangen mwowhmw teikan kak kohda ni sohte pweipwei. Eker 1-808-562-3755 de lokaiahng noumw soun sawas.

ພາສາລາວ (Loatian/Lao): ເຊີ້ນຊາບ: ຖັນຫັນວ່າ ພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດັ່ງພາສາແບບບໍ່
ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄີຍ ອົງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະນະ ມະນີ ອີຫັ້ນມູນໃນຮູບແບບທີ່
ສາມາດຂົດ ດັ່ງຕີ່ງໄດ້. ໂທຫາເປີ 1-808-562-3755 ຫາ ລົມກັບ ພັດທະນາ ທີ່ໃຫ້ບໍ່ມີການຂອງທ່ານ.

Bisaya (Bisayan/Visayan): PAGTAGAD: Kung nagsulti ka [og Bisaya], magamit nimo ang libre nga serbisyo sa pagtabang sa sinultian. Ang angay nga mga pangatabang ug mga serbisyo aron mahatagan ang kasayuran sa ma-access sa mga format magamit usab nga wala'y bayad. Tawag sa 1-808-562-3755 o pakigsulti sa imong tighatag.

Ho'okomo 'ōlelo (Hawaiian): MANA'O: Inā 'oe e 'ōlelo ['ōlelo Hawai'i], loa'a iā 'oe nā lawelawe kōkua 'ōlelo manuahi. Loa'a 'ia nā kōkua kōkua kūpono a me nā lawelawe e hā'awi i ka 'ike ma nā palapala hiki ke loa'a me ka uku 'ole. E kelepona iā 1-808-562-3755 a i 'ole e kama'ilio me kāu mea ho'o

NURSING FACILITIES PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974. THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.

Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the Social Security Act.

Medicare and Medicaid participating long-term care facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each guest's functional capacity and health status. To implement this requirement, the APNF must obtain information from every guest. This information also is used by the Federal Centers for Medicare & Medicaid Services (CMS) to ensure that the APNF meet quality standards and provides appropriate care to all guests. For this purpose, as of June 22, 1998, all such facilities are required to establish a database of guest assessment information, and to electronically transmit this information to the HCFA contractor in the State government, which in turn transmits the information to HCFA.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a guest does not have the right to refuse consent to these disclosures.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long-Term Care System of Records.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing facilities that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing facilities to receive reimbursement for Medicare services.

3. ROUTINE USES

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long-term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its Stated purpose.

The information collected will be entered into the Long-Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-0528, published in the Federal Register at Vol. 72, no. 52/Monday, March 19, 2007. Information from this system may be disclosed, under specific circumstances (routine uses), which include: (1) To support agency contractors, consultants or grantees who have been engaged by the agency to assist in accomplishment of a CMS function; (2) assist another Federal or State agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds; (3) assist Quality Improvement Organizations to perform Title XI or Title XVIII functions; (4) assist insurance companies, underwriters, third party administrators, employers, group health plans for purposes of coordination of benefits with the Medicare Program; (6) the Federal Department of Justice, court, or adjudicatory body in litigation; (7) to support a national accrediting organization to enable them to target potential or identified problems with accredited facilities; (8) assist a CMS contractor in the administration of a CMS-administered health benefits program; (9) to assist another Federal agency that administers or that has the authority to investigate potential fraud, waste or abuse in a health benefits program funded in whole or part by Federal funds.

4. EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

The information contained in the Long-Term Care Minimum Data Set is generally necessary for the APNF to provide appropriate and effective care to each guest. If a guest fails to provide such information, for example on medical history, inappropriate and potentially harmful care may result. Moreover, payment for such services by third parties, including Medicare and Medicaid, may not be available unless the APNF has sufficient information to identify the individual and support a claim for payment.

GLOSSARY OF TERMS

You may hear a variety of terms and acronyms or abbreviations during your stay, while visiting Hale Makua, or while reading through this Orientation Guide. To help you sort through these industry-specific terms, we've included this glossary.

CARE PARTNER: Everyone who works at Hale Makua, in any capacity, is a partner in caring for our residents. If you need help or have any questions, you can ask any care partner, who will either help you or find someone who can.

CNA: *Certified Nursing Assistant* – CNAs are certified by the State of Hawaii. They maintain their certification through ongoing monthly training. CNAs assist you with bathing, dressing, walking, eating, and other activities of daily living.

DON: *Director of Nursing* – The DON is a licensed nurse who oversees the operations of the nursing department. Hale Makua has a DON in both the Kahului and Wailuku communities.

ICF: *Intermediate Care Facility* – A healthcare facility that provides 24-hour- a-day nursing care and assistance with normal activities of daily living.

IDT: *Interdisciplinary Team (also called Care Team)* – This team is responsible for assessing your daily healthcare needs, creating a care plan, and following up to ensure that all of your needs are met. The IDT includes Nutrition Services, Nursing, Social Services, Activities, and other departments depending on need.

LN: *Licensed Nurse* – May be either an LPN (Licensed Practical Nurse) or an RN (Registered Nurse). LPNs and RNs are involved in your care, including assessing your condition, planning your care, administering medications, and performing treatments.

LSW: *Licensed Social Worker* – At Hale Makua, the Director of the Social Services Department is a Licensed Social Worker, and oversees all aspects of the Social Services Department's operation.

Neighborhood: Our facility is segmented into smaller units called neighborhoods. Our six neighborhoods are: West, East, North, Pikake, Ilima, and Gardenia. Our neighborhoods are designed and staffed so that residents and care partners can get to know each other personally and build relationships.

OTR: *Occupational Therapist, Registered* – Provides therapy as ordered by the physician to improve activities of daily living such as dressing, bathing, or obtaining utensils. They may also assist you in

learning to use adaptive equipment like reachers, sock aids, long-handled sponges, etc. They may be occupational therapy assistants, with associate's degrees, or occupational therapists, with bachelor's degrees.

PHI: *Protected Health Information* – Information that can be used to identify someone, such as their name, date of birth, Social Security number, etc. Hale Makua is legally required to protect the privacy of your protected health information.

POA: *Power of Attorney* - A document that allows a relative or another individual to make medical and/or financial decisions for you when you are unable to make those decisions yourself.

RAC: *Resident Assessment Coordinator* – Federal regulations require that certain assessments be conducted quarterly. The RAC is responsible for conducting and coordinating the completion of those assessments as well as your plan of care.

RD: *Registered Dietitian* – The Registered Dietitian is a nutrition and food professional who oversees your nutritional care. The RD will work with you, your family, and the IDT to develop the most appropriate food and nutrition plan for you.

RCC: *Resident Care Conference* – A quarterly meeting between the IDT/care team, you, and your family to discuss your care plan. We encourage you to be actively involved in creating and updating your care plan.

RIA: *Resident Individual Account* – Similar to a bank account, Hale Makua offers RIAs as a safe place to keep your money. Please see the section below for details about RIAs.

RPT: *Registered Physical Therapist* – These individuals provide therapy as ordered by your physician to improve mobility, strength, and balance, and help with your assistive devices such as walkers, canes, or wheelchairs. They may be physical therapy assistants, with an associate's degree, or physical therapists, with a bachelor's degree.

SNF: *Skilled Nursing Facility* – A healthcare facility that provides 24-hour nursing and special rehabilitation. Specialized therapy includes physical therapy, occupational therapy, speech therapy, and respiratory therapy.