

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/13/2015
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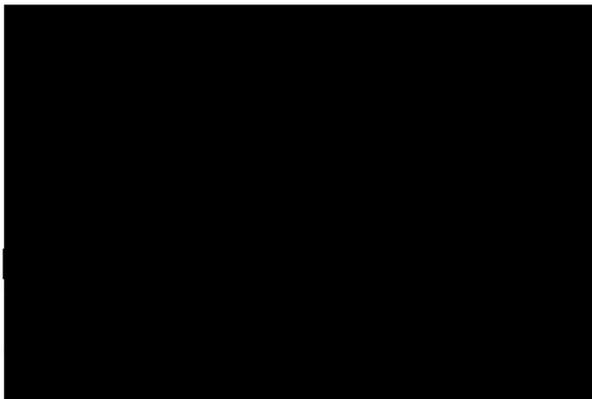
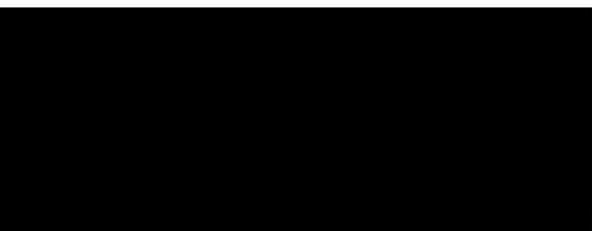
NAME OF PROVIDER OR SUPPLIER ANN PEARL NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 45-181 WAIKALUA ROAD KANEHOE, HI 96744
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4 174	Continued From page 1	4 174		
4 174	<p>11-94.1-43(b) Interdisciplinary care process</p> <p>(b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and resident/family education.</p> <p>This Statute is not met as evidenced by: Based on observation and interview the facility did not ensure that an individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, restorative care, and preventative care for 1 resident in the case sample of 16 residents.</p> <p>Finding includes:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>	4 174	<p>4125 Continued</p> <p>IV. Rounds will be conducted weekly x 1 month then monthly thereafter with findings reviewed at the Performance Improvement Committee. An ongoing semiannual audit through an intra-company process further validating compliance in this area. Responsible party: Administrator and/or designee Completion date: 4/24/2015</p> <p>4174</p> <p>I. [REDACTED] care plan revised and implemented to remove the intervention for [REDACTED] and to address the appropriate medication use for [REDACTED]. The attending physician was contacted and an appropriate diagnosis was provided for the indication for the medication. Responsible party: Resident Care Manager Completion date: 3/13/2015</p> <p>II. Resident's currently receiving [REDACTED] medications will have their care plans reviewed and as appropriate updated to reflect the most current pharmacological and non-pharmacological interventions. Responsible party: Social Services Completion date: 4/24/2015</p> <p>III. Resident's on [REDACTED] medication will have their pharmacological regime reviewed during weekly Clinical at Risk Meetings to ensure appropriate care plan interventions are in place. Licensed nursing staff will be educated on appropriate diagnoses, behavior monitoring and appropriate care plan interventions related to psychotropic medications. Responsible party: Director of Nursing Completion date: 4/24/2015</p>	

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4 174	Continued From page 2  	4 174	4174 Continued IV. Random  care plan audits will be conducted monthly x 3 and quarterly thereafter ensuring appropriate and current interventions aligned with the resident's needs and current status with findings reviewed at the Performance Improvement Committee. An ongoing semiannual audit through an intra-company process further validating compliance in this area. Responsible party: Social Services Completion date: 4/24/2015	4/24/2015
4 197	11-94.1-46(n) Pharmaceutical services (n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy. This Statute is not met as evidenced by: Based on observation and interview, the facility did not ensure that discontinued and outdated prescriptions shall be disposed of according to facility policy Findings were: 	4 197	4197 I. Expired medications were disposed of immediately upon discovery Responsible party: Resident Care Manager Completion date: 3/9/2015 II. All other medication storage areas were reviewed for any expired medication with no other deficient practices identified Responsible party: Resident Care Manager Completion date: 3/9/2015 III. Med storage areas will be monitored monthly with expired medication discarded timely. Medication will be appropriately rotated to ensure that expiration dates are closely monitored. Nurses will be educated on monitoring for expired medication. Responsible party: Resident Care Manager Completion date: 4/9/2015	3/9/2015 3/9/2015 4/9/2015

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4 197	Continued From page 3 	4 197	4197 Continued	
4 243	11-94.1-64(a) Engineering and maintenance (a) The facility shall maintain all essential mechanical, electrical, and resident care equipment in safe operating condition. This Statute is not met as evidenced by: Based on review of records, the facility did not maintain maintain all essential mechanical equipment in safe operating condition. Findings were: The facility did not maintain the emergency generator as required. Per review of facility records, the Life Safety surveyor found that the annual inspection was not done for 2014.	4 243	IV. Resident Care Managers will conduct an audit of medication storage rooms monthly x 3 and quarterly thereafter to ensure there are no expired medications. An ongoing semiannual audit through an intra-company process further validating compliance in this area. Responsible party: Resident Care Manager Completion date: 4/24/2015 4243 I. Generator was tested and passed inspection on March 12, 2015 by outside qualified company. Life Safety Inspector was presented with this paperwork on same day. Responsible party: Environmental Services Completion date: 3/12/2015 II. No other equipment testing was found to be out of compliance and no residents were affected by this practice. Responsible party: Environmental Services Completion date: 3/12/2015	4/24/2015
4 277	11-94.1-65(e)(4) Construction requirements (e) The facility shall have resident bedrooms that ensure the health and safety of residents: (4) Single resident bedrooms shall measure at least one hundred square feet of usable space, excluding closets, bathrooms, alcoves, and entryways; This Statute is not met as evidenced by: Based on staff interview, the facility failed to have bedrooms measure at least 80 square feet per resident in multiple resident bedrooms in 1 of 6 rooms on one (of 4) units in the facility. Findings include:	4 277	III. An agreement with a qualified external company was executed ensuring annual testing occurs. The generator is maintained and tested monthly by the environmental services department. Scheduling and maintaining of paperwork associated with generator testing and maintenance will be filed in the environmental services department. Responsible party: Environmental Services Completion date: 3/1/2015 IV. Annual documentation will be presented at the performance improvement meeting. An ongoing semiannual audit through an intra-company process further validating compliance in this area. Responsible party: Environmental Services Completion date: 4/24/2015	3/12/2015

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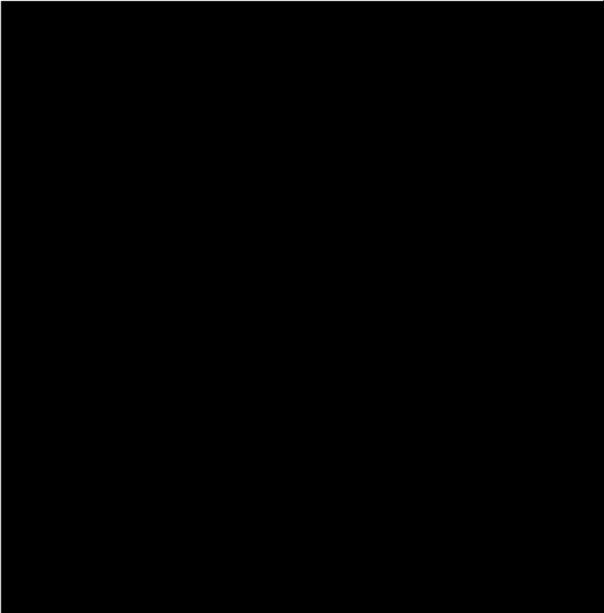
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4 277	Continued From page 4 One room in the Hale Ho'olu unit did not maintain the required square footage for the number of resident occupants. Room #1 measured 76 square feet. Interview with the administrator on 3/10/15 confirmed that the room size for rooms 1 and 3 were not in compliance with the requirement for appropriate square footage.	4 277	4277 Ann Pearl Nursing Facility has applied for a waiver for this.	
4 278	11-94.1-65(e)(5) Construction requirements (e) The facility shall have resident bedrooms that ensure the health and safety of residents: (5) Multi-resident bedrooms shall provide a minimum of eighty square feet per bed of usable space, excluding closets, bathrooms, alcoves, and entryways; This Statute is not met as evidenced by: Based on staff interview, the facility did not have 1 of 6 bedrooms measure at least 80 square feet per resident in multiple resident bedrooms on one (of 4) units in the facility. Findings include: One room in the Hale Ho'olu unit did not maintain the required square footage for the number of resident occupants. Room #3 was a multiple resident room. Interview of the Administrator on 3/10/15 confirmed that the facility rooms remained as noted in the previous survey, and therefore were not in compliance with the requirement for	4 278		

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4 281	<p>Continued From page 6</p> <p>On the morning of 3/9/15 the call light system was not working on one of the nursing units. The staff pagers which are utilized as part of the call light system was not functioning properly.</p> 	4 281		