

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/09/2015
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NAME OF PROVIDER OR SUPPLIER HALE ANUENUE RESTORATIVE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1333 WAIANUENUE AVENUE HILO, HI 96720
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	11-94.1 Initial Comments A licensing survey was conducted at this facility with an exit date of 10/9/15.	4 000		
4 149	11-94.1-39(b) Nursing services (b) Nursing services shall include but are not limited to the following: (1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty-first day after, or simultaneously, with the initial interdisciplinary care plan conference; (2) Written nursing observations and summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and (3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided. This Statute is not met as evidenced by: Finding includes: Based on record review and interview with staff members, the facility failed to develop a comprehensive plan of care for 1 [REDACTED] of 12 resident care plans that were reviewed.	4 149	1. Care plan for resident [REDACTED] updated [REDACTED] 2. Random audit of ten care plans conducted. 3. MDS/Nursing staff in-serviced regarding care planning for necessary medications/treatments, associated signs/symptoms, and therapeutic goals. 4. Random audit of four care plans weekly X 3 weeks and report findings to QAPI Committee. DON/Designee	11/09/15

RECEIVED
 2015 NOV 12 P 12:45
 STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

Office of Health Care Assurance LABORATORY [REDACTED]	PROVIDER REPRESENTATIVE'S SIGNATURE [REDACTED]	TITLE Executive Director	(X6) DATE 11/9/15
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This Plan of Correction is the facility's credible allegation of compliance.

11/15/2015

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4 149	Continued From page 1 Finding includes: Based on record review and interview with staff members, the facility failed to develop a comprehensive care plan for 1 resident. [REDACTED] Finding includes: [REDACTED]	4 149		
4 163	11-94.1-42(a) Physician services (a) Admission orders and ongoing orders by a physician, physician assistant, or APRN and plan of treatment shall be in writing and carried out by the staff of the facility including arrangement for transfer to other facilities when indicated. This Statute is not met as evidenced by: Based on record review and interviews, the facility did not ensure that admission orders and ongoing orders by a physician, shall be in writing and carried out by the staff of the facility for 1	4 163	1. Physician order [REDACTED] obtained for resident [REDACTED] 2. Chart audit of all residents receiving [REDACTED] completed . 3. [REDACTED] Policy & Procedure reviewed. In-service provided for Admissions, Nursing, Medical Records and QAPI Committee.	11/09/15

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4 163	Continued From page 2 resident receiving [REDACTED] services. [REDACTED] Findings include: [REDACTED]	4 163	4. Conduct chart audit 72 hours post admission report findings to QAPI Committee. DON/Designee	
4 203	11-94.1-53(a) Infection control (a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste. This Statute is not met as evidenced by:	4 203	2. Facility staff notified of IC breach and in-serviced regarding correct procedure. 3. QAPI Committee initiated IC project with emphasis on hand hygiene between residents and inanimate objects such as medication carts/equipment.	11/09/15

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4 203	<p>Continued From page 3</p> <p>Based on observation, interview, and review of policy and procedure, the facility did not ensure that the appropriate policy and procedures for the prevention and control of infectious diseases was implemented.</p> <p>Finding includes:</p> <div style="background-color: black; width: 100%; height: 300px; margin-top: 10px;"></div>	4 203	<p>4. Conduct random observations weekly x 4, then monthly and report findings to QAPI Committee.</p> <p>DON/Designee</p>	