

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2015
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RECEIVED

2015 DEC -2 A 11: 57

NAME OF PROVIDER OR SUPPLIER ISLAND NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 ALEXANDER STREET HONOLULU, HI 96826
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4 000	<p>11-94.1 Initial Comments</p> <p>A re-licensing survey was conducted by the State Agency from 11/4/15 to 11/6/15 and 11/9/15 to 11/10/15. The census on entrance included 42 residents.</p>	4 000	<p>11-94.1-46(l) Pharmaceutical Services</p> <p>1. Corrective Action for Resident in Sample: The DON and the Administrator met with the licensed staff involved and discussed the facility policy infraction, in regards to proper medication administration procedure.</p>	11/16/15
4 195	<p>11-94.1-46(l) Pharmaceutical services</p> <p>(l) All drugs, including drugs that are stored in a refrigerator, shall be kept under lock and key, except when authorized personnel are in attendance. The facility shall be in compliance with all security requirements of federal and state laws as they relate to storerooms and pharmacies.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to ensure safe and secure storage of all medications.</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 5px;"></div>	4 195	<p>A review of proper medication administration guidelines was also conducted with this licensed staff, with the emphasis on keeping the medication cart closed and locked when out of sight, and the importance of making sure no medications are left unattended, on top of med-carts, at bedside, or anywhere at any time, during the medication administration procedure.</p> <p>2. Identification of Other Resident Having the Potential of Being Affected: The DON, or the designee, will monitor the licensed staff involved, daily, weekly, and at random, to ensure compliance of proper medication administration procedure, and that no medications are left unattended, and medication carts are always closed and locked when out of sight.</p> <p>3. Corrective Action/Systemic Changes: All licensed staff meeting was conducted, to review the facility medication administration policy and procedure, with the emphasis on ensuring that no medications are left unattended, anywhere, at any time, and that medication carts are always closed and locked when out of sight.</p> <p>All licensed staff will be monitored during medication administration procedure, to ensure compliance of proper medication administration guidelines and to ensure no recurrence of the above infractions.</p>	<p>11/16/15</p> <p>11/16/15 Ongoing</p> <p>11/16/15</p> <p>11/18/15 Ongoing</p>

Office of Health Care Assurance
LABORATORY DIVISION

REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

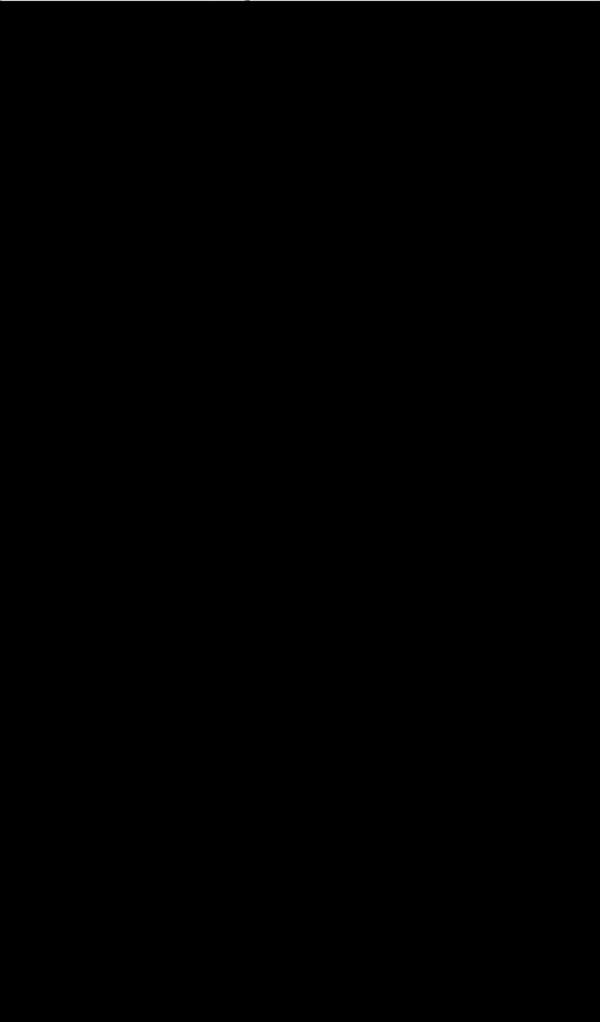
12/01/2015

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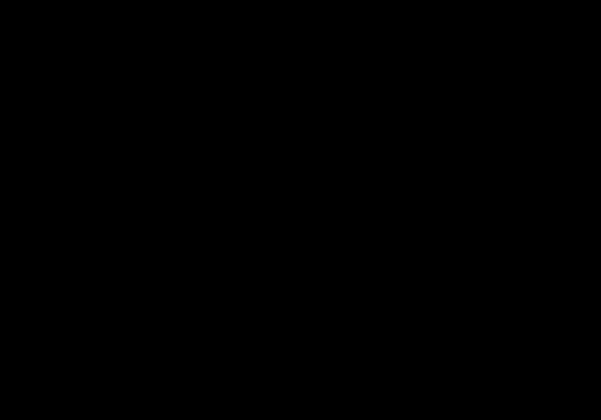
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4 195	Continued From page 1 	4 195	<p>11-94.1-46(l) Pharmaceutical Services (Contd.)</p> <p>4. <u>Monitoring of Corrective Actions to Ensure No Recurrence:</u> The DON or the designee, and the Pharmacy Consultant, will conduct a medication administration observation, to every licensed staff, weekly, monthly, and at random, to ensure that every licensed staff is in compliance with facility's medication administration guidelines. The results of the monitoring will be reported to the quarterly QA meeting and necessary actions will be implemented as appropriate.</p>	11/18/15 Ongoing
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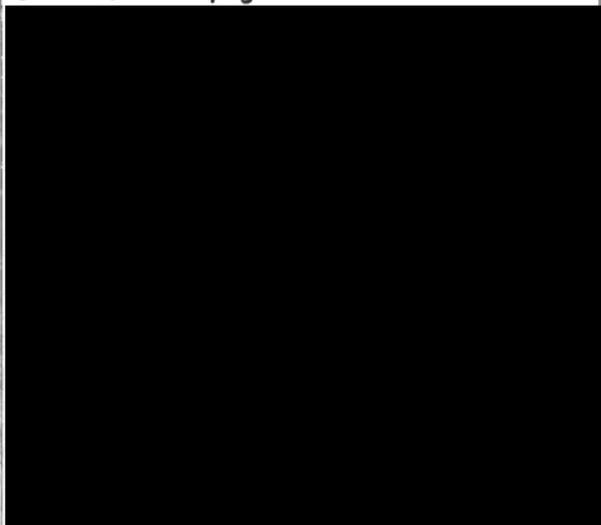
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4 195	Continued From page 2 	4 195	11-94.1-53(a) Infection Control 1. Corrective Action for Resident in Sample: The DON and the Administrator met with the licensed staff involved and discussed the facility policy infraction, on Infection Control Policy Guidelines.	11/16/15
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: Based on observation, staff interview and policy review the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Findings include: 	4 203	A review of facility's Infection Control Guidelines,  was conducted, to remind this licensed staff the utmost importance of handwashing or sanitizing hands between procedures. The importance of handwashing before and after donning a new pair of gloves was also discussed, with the reminders on the importance of thorough handwashing before and after care. 2. Identification of Other Resident Having the Potential of Being Affected: The DON, or the designee, will monitor the licensed staff involved, and the rest of the licensed staff, to ensure all licensed staff practiced proper infection control procedure, during medication administration, and in the delivery of care to the residents. 3. Corrective Action/Systemic Changes: All nursing staff meeting was conducted, to review the facility's proper infection control guidelines, including the importance of handwashing, and or sanitizing hands before and after each procedure in the delivery of care. A follow up in-service on infection control, to all nursing staff will be conducted, to ensure staffs understanding on the importance of handwashing before and after care, and between glove changes.	11/16/15 11/18/15 Ongoing 11/16/15 12/07/15

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4 203	Continued From page 3 	4 203	<p>11-94.1-53(a) Infection Control (Contd.)</p> <p>4. <u>Monitoring of Corrective Actions to Ensure No Recurrence:</u> All staff will be monitored by the DON, or the designee, on their infection control practices, including handwashing, and sanitization of hands, during the delivery of care. Monitoring will be conducted daily and at random, to ensure compliance of facility's infection control guidelines. The results of the monitoring will be reported to the quarterly QA meeting and necessary actions will be implemented as appropriate.</p>	11/11/15 Ongoing