

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 02/13/2015
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NAME OF PROVIDER OR SUPPLIER ISLAND NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 ALEXANDER STREET HONOLULU, HI 96826	2015 MAR 13 P 3: 31
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4 000	11-94.1 Initial Comments A re-licensing survey was completed on 02/13/2015. Entrance to the facility was on 02/09/2015 with a resident census of 41 and a bed count for 42.	4 000	11-94.1-21 Arrangement for Services	
4 098	11-94.1-21 Arrangement for services When the facility does not employ a qualified person to render a required or necessary service, it shall have a written agreement or contract with a qualified outside person or provider to provide the needed service. This Statute is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to maintain resident care equipment in a safe operating condition for 4 of 4 [redacted] residents and 3 of 10 residents receiving [redacted] of the 27 in the residents sample. Findings include: [redacted]	4 098	<p>1. Corrective Action [redacted]</p> <p>All ventilator equipment in use during the survey were within the recommended maintenance cycle, however, they were overdue for an annual inspection, as per facility's policy. On 2/18/2015, four inspected ventilators were received by the vendor to replace the four ventilators in use in the survey sample. The ventilators were exchanged and the uninspected ventilators were sent back to the vendor for inspection and/or servicing. Three additional inspected ventilators were received on 3/5/15 & 3/6/15 to replace the three back up ventilators. The backup ventilators were exchanged and the uninspected ventilators were sent back to the vendor for inspection and/or servicing.</p> <p>3/6/15</p> <p>All enteral feeding pumps in the facility were inspected by Maintenance between 2/13/15 to 2/16/2015 according to the manufacturer's recommended annual test and all enteral pumps were tagged with the date of inspection and next inspection due date.</p> <p>2/16/15</p> <p>2. Identification of Other Resident Having the Potential of Being Affected:</p> <p>All other resident care equipment (regardless of equipment ownership) were identified to determine if all inspections and/or servicing were conducted, as per manufacturer's recommendations. All other resident care equipment that was determined to require inspection and/or servicing were completed.</p> <p>2/28/15</p> <p>3. Corrective Action/Systemic Changes:</p> <p>All resident care equipment are now included in the maintenance logs and are tracked (regardless of equipment ownership) to assure timely inspections and/or servicing are conducted and</p>	

Office of Health Care Assurance LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[redacted]	Administrator	3/13/15

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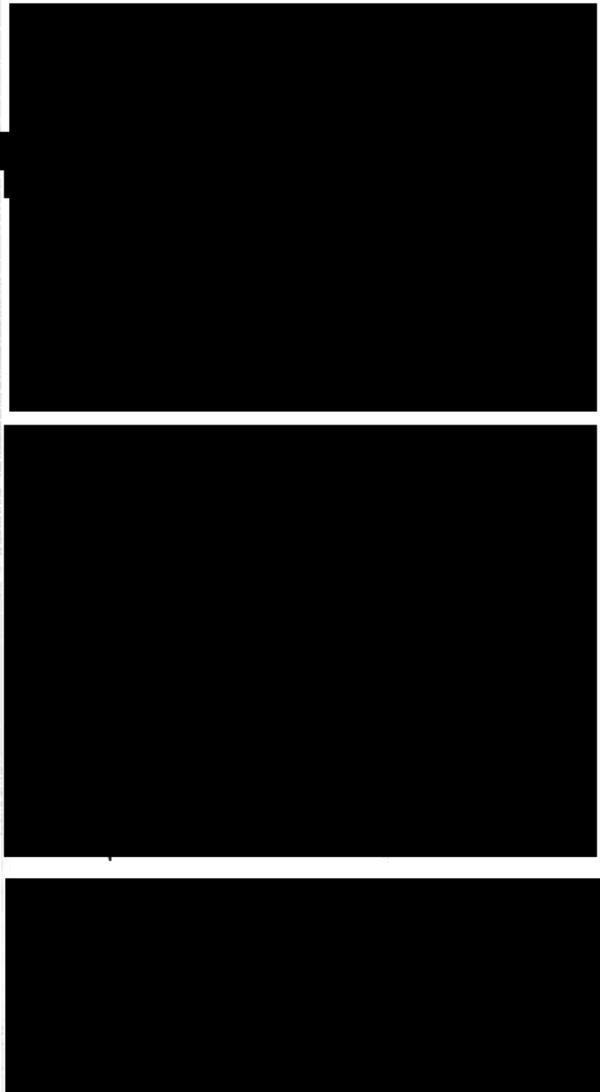
4 102	<p>Continued From page 2</p> <p>(1) Appropriate authorizations and consents for medical procedures;</p> <p>(2) Records of all periods, with physician orders, of use of physical or chemical restraints with justification and authorization for each and documentation of ongoing assessment of resident during use of restraints;</p> <p>(3) Copies of initial and periodic examinations and evaluations, as well as progress notes at appropriate intervals;</p> <p>(4) Regular review of an overall plan of care setting forth goals to be accomplished through individually designed activities, therapies, and treatments, and indicating which professional services or individual is responsible for providing the care or service;</p> <p>(5) Entries describing all care, treatments, medications, tests, immunizations, and all ancillary services provided; and</p> <p>(6) All physician's, physician assistant's, or APRN's orders completed with appropriate documentation (signature, title, and date).</p> <p>This Statute is not met as evidenced by: Based on record review, staff interview and review of the facility's policy and procedure, the facility failed to ensure the clinical record contained accurate documentation for 1 of 2 residents reviewed [REDACTED] of 27 in the residents sample. Findings include: [REDACTED]</p>	4 102	<p>11-94.1-22(d) Medical record system</p> <p>1. Corrective Action for Resident in Sample: The DON [REDACTED] discussed the facility policy infraction, in regards to [REDACTED] medication administration and proper documentation, with the resident in sample.</p> <p>A copy of the facility's policy and procedures on [REDACTED] administration and proper documentation was given and reviewed [REDACTED] to ensure that this licensed staff will administer [REDACTED] medications, in accordance with the facility's policy, and that each [REDACTED] medication administered is documented properly.</p> <p>The importance of accurate documentation was also discussed with this licensed staff, using the record of resident in sample, as an example, and the implications of inaccurate documentation, and how it affects the resident's medical condition.</p> <p>All licensed staff was reminded to ensure that this resident is thoroughly assessed [REDACTED] daily, and is medicated properly as indicated.</p> <p>2. Identification of Other Resident Having the Potential of Being Affected: An audit of all residents' medical records, especially those residents who are on [REDACTED] will be conducted to ensure that thorough assessment, before and after administering [REDACTED] medication, is completed, and the assessment results are accurately documented in each resident's record.</p>	<p>2/12/15</p> <p>2/12/15</p> <p>2/12/15</p> <p>2/23/15</p> <p>3/11/15</p>
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4 102	Continued From page 3 	4 102	<p>11-94.1-22(d) Medical record (Contd.)</p> <p>3. Corrective Action/Systemic Changes: An all licensed staff meeting was conducted to review the facility's medication administration policy, and to discuss the importance of thorough assessment, before and after administration of medication, and document them, as outlined in our facility policy, on medication administration.</p> <p>All residents' records will be audited by the DON or the designee monthly, to ensure that every medication given is being accurately documented, reflecting the results of thorough assessment, before and after the administration of medication, as outlined in our facility's policy.</p> <p>4. Monitoring of Corrective Actions to Ensure No Recurrence: The DON or the designee will conduct an audit of all residents' records monthly, to ensure all licensed staff's compliance, of required assessments and accurate documentation as outlined in the facility's policy on medication administration. The results of the audit will be reported to the quarterly QA meeting, and necessary actions will be implemented as appropriate.</p>	<p>2/23/15</p> <p>3/31/15 Ongoing</p> <p>3/31/15 Ongoing</p>
4 115	11-94.1-27(4) Resident rights and facility practices	4 115		

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4 115 Continued From page 4

Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:

(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;

This Statute is not met as evidenced by:
Based on observation and staff interviews, the facility failed to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality for 2 of 27 in the residents sample.

Findings include:

4 115

11-94.1-27(4) Resident rights and facility practices

1. Corrective Action
The DON met with [REDACTED] staff involved [REDACTED] reviewed resident's rights and facility policy and practices, when caring for a resident, with emphasis on maintaining or enhancing each resident's dignity and respect. 2/13/15

Proper feeding technique was also reviewed and discussed with both staff, to ensure each resident in the facility is free from risk [REDACTED] during feeding. 2/13/15

[REDACTED] staff was counseled.

2. Identification of Other Resident Having the Potential of Being Affected:
The DON, and the charge nurses on the floors, will closely monitor all staff daily during care, during feeding, and while giving assistance to resident's daily needs, to ensure that the staff delivers care to all residents with dignity and respect, and to ensure that all residents are free from any accident [REDACTED] during feeding. 2/13/15 Ongoing

3. Corrective Action/Systemic Changes:
An all staff in-service on Caring for Residents with Dignity and Respect was conducted, to ensure that all staff are reminded on the importance of maintaining and enhancing resident's dignity and respect in the delivery of care. 2/23/15

An all staff in-service and review on resident's rights, was also conducted, to remind the staff that each resident is entitled of their rights as an individual, and as a resident of this facility, regardless of their medical status. 3/12/15

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4 115	Continued From page 5 	4 115	<p>11-94.1-27(4) Resident rights and facility practices (Contd.)</p> <p>A review in-service on proper feeding techniques will be conducted to all staff, to ensure that all residents are free from risk  during feeding.</p> <p>4. <u>Monitoring of Corrective Actions to Ensure No Recurrence:</u> The DON or the designee, the Activity Director at the dining room, and the charge nurses on the floors, will monitor the staff daily during care, during feeding, and when assisting the residents. All observations will be documented, and reported to the quarterly QA meeting, and necessary actions will be implemented by the DON, as appropriate.</p>	3/23/15
4 160	<p>11-94.1-41(b) Storage and handling of food</p> <p>(b) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the kitchen staff followed proper sanitation practices for the manual washing and sanitizing of dishes using the 3 compartment sink.</p> <p>Findings include:</p> <p>During the initial kitchen tour on 2/9/15 at 6:59 A.M., the head cook demonstrated the use of their 3 compartment sink used for manual washing and sanitizing of dishes. The head cook dipped a test strip into the compartment containing the iodine sanitizing solution "for 60 seconds," but removed it approximately 30</p>	4 160		2/13/15 Ongoing

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4 160	<p>Continued From page 6</p> <p>seconds later. However, the directions on the log sheet said the test strips were to be immersed in the solution for only 5 seconds. This procedure was not followed by the head cook.</p> <p>The head cook then matched the test strip against the legend on the test strip holder and read it at 75 parts per million (ppm). The head cook said it had to read between 50-75 ppm to be effective. A review of the daily log sheet found the kitchen staff recorded all of the test strip readings at 25 ppm. Yet, the head cook did not know why the kitchen staff were writing 25 ppm when there was no 25 ppm on the legend to match it with.</p> <p>During an interview with the Dietary Manager on 2/12/15, it was revealed the kitchen staff were using the wrong test strips to obtain the readings. In addition, the Dietary Manager stated the iodine sanitizing agent was outdated and they were replacing it with a new sanitizing agent on 2/12/15.</p>	4 160	<p>11-94.1-41(b) Storage and handling of food</p> <p>1. <u>Corrective Action for Resident in Sample:</u> The dietary manager updated the sanitizing system for the 3 compartment sink and installed new sanitizing dispensing equipment. 2/12/15</p> <p>All dietary staff received inservice on the new sanitizing system. 2/12/15</p> <p>2. <u>Identification of Other Resident Having the Potential of Being Affected:</u> All equipment and systems currently used by dietary staff have been checked to ensure that proper procedures are being followed. 2/12/15</p> <p>3. <u>Corrective Action/Systemic Changes:</u> The new dispensing equipment was installed for the appropriate sink. 2/12/15</p> <p>A new documentation record was developed according to the proper procedures and concentration of the solution. 2/12/15</p> <p>All employees received inservice on the new system. 2/12/15</p> <p>4. <u>Monitoring of Corrective Actions to Ensure No Recurrence:</u> Random checks throughout the quarter by the dietary manager and dietitian will be conducted to ensure that the staff know and understand proper sanitation procedures.</p> <p>The results of this monitoring will be included in the quarterly QAA report. 2/12/15 Ongoing</p>	