

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2015
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NAME OF PROVIDER OR SUPPLIER KA PUNAWAI OLA	STREET ADDRESS, CITY, STATE, ZIP CODE 91-575 FARRINGTON HIGHWAY KAPOLEI, HI 96707	2015 APR -7 A 11: 12
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4 000	11-94.1 Initial Comments A State re-licensure survey of the facility was completed by the Hawaii State Survey Agency from 3/3 - 3/6/15.	4 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of the Federal and State laws. CORRECTIVE ACTION TAKEN: [REDACTED] continues to reside in the facility. [REDACTED] is complete and accurate IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFICIENT PRACTICE: Prior to 4/20/15 100% audit of [REDACTED] patient's [REDACTED] was conducted. SYSTEMIC MEASURES IMPLEMENTED: Prior to 4/20/15, Licensed nurses were in-serviced on completion and accuracy of clinical information on the [REDACTED] form, according to policy. Any additional 1 on 1 education was conducted as needed. MONITORING: DON/designee will conduct weekly audits of the [REDACTED] forms for completion and accuracy. All audits will be discussed in the PI meeting for the next 3 months.	4/20/2015
4 102	11-94.1-22(d) Medical record system (d) Records to be maintained and updated, as necessary, for the duration of each resident's stay shall also include: (1) Appropriate authorizations and consents for medical procedures; (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; (3) Copies of initial and periodic examinations and evaluations, as well as progress notes at appropriate intervals; (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; (5) Entries describing all care, treatments, medications, tests, immunizations, and all ancillary services provided; and (6) All physician's, physician assistant's, or APRN's orders completed with appropriate documentation (signature, title, and date).	4 102		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [REDACTED] TITLE: Executive Director (X6) DATE: 4/5/15
STATE FORM WHPQ11 If continuation sheet 1 of 20

CADN to VAN 4/12/15

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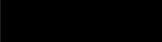
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4 102	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on policy and procedure review, record review, and staff interviews the facility failed to maintain complete and accurate clinical information for 1 of 32 residents in the Stage 2 review.</p> <p>Finding includes:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div> <div style="background-color: black; width: 100%; height: 100px; margin-top: 10px;"></div> <div style="background-color: black; width: 100%; height: 100px; margin-top: 10px;"></div>	4 102		
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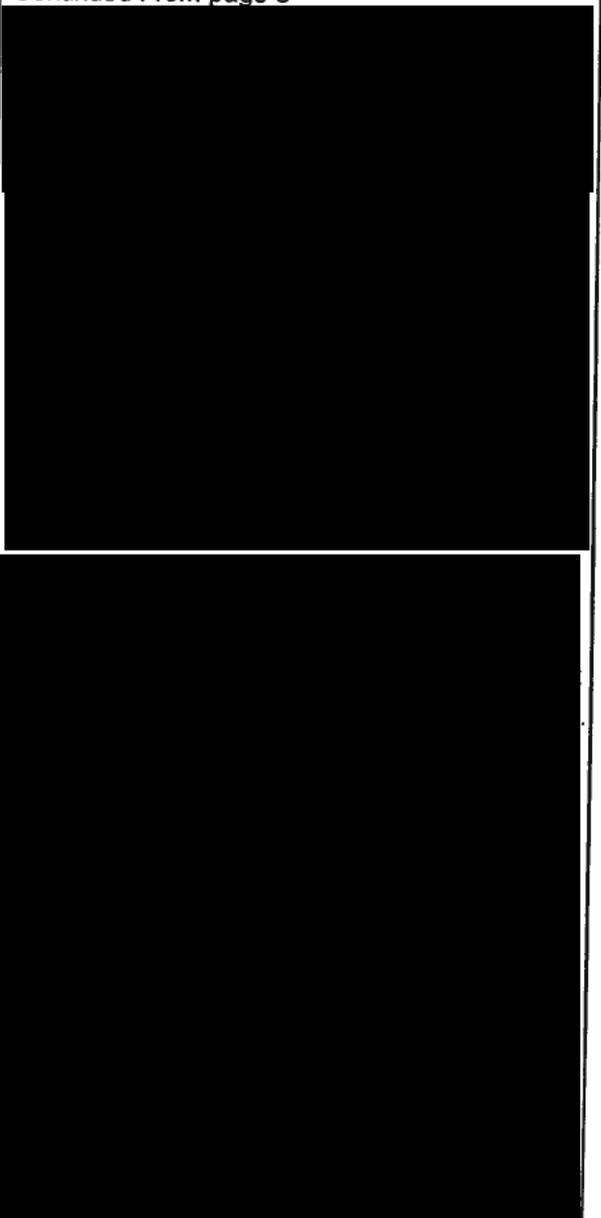
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4 102	Continued From page 2 	4 102		
4 130	<p>11-94.1-29(a) Resident abuse, neglect, and misappropriation</p> <p>(a) The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This Statute is not met as evidenced by: Based on observation, resident and staff interviews, record review, and review of the facility's policy and procedures, the facility failed to ensure that staff was able to recognize and implement the procedure for reporting abuse and/or neglect for 1 resident of the 32 residents reviewed in the Stage 2 sample.</p> <p>Finding includes: </p>	4 130	<p>CORRECTIVE ACTION TAKEN:  continues to reside in the facility with no allegations involving mistreatment, neglect or abuse.</p> <p>IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFECIENT PRACTICE:</p> <p>Prior to 4/20/15, Administrator/designee conducted 100% audit of residents for violations involving mistreatment, neglect or abuse. No allegations were identified during this audit.</p>	4/20/2015

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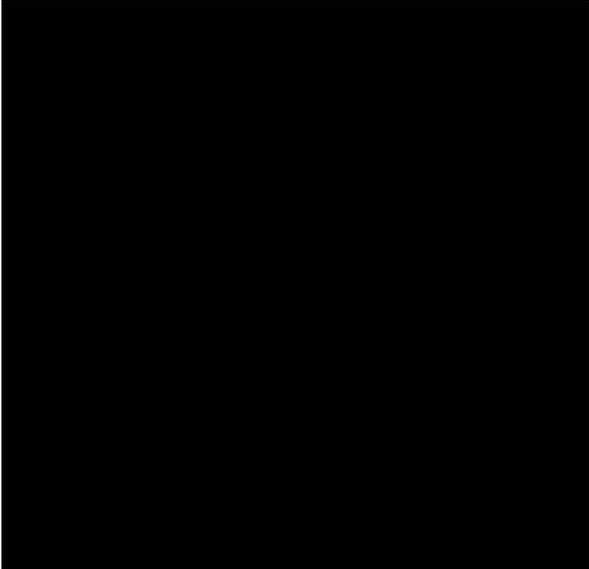
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4 130	Continued From page 3 	4 130	<p>SYSTEMIC MEASURES IMPLEMENTED:</p> <p>Prior to 4/20/15, staff was in-serviced on reporting of resident allegations of mistreatment, neglect or abuse to the Administrator or designated representative, immediately.</p> <p>Associates hired on or before 4/20/15, will receive training on reporting allegations of mistreatment, neglect or abuse to the Administrator/designee, immediately.</p> <p>Previously hired associates will be in-serviced on or before 4/20/15, on reporting allegations of mistreatment, neglect or abuse to the Administrator/designee, immediately.</p> <p>Administrator/designee will ensure that any allegations of mistreatment, neglect or abuse are reported to other officials in accordance with State law.</p> <p>MONITORING:</p> <p>The Administrator/designee will conduct random weekly interviews, which include the resident abuse questionnaire.</p> <p>The Administrator /designee will review any allegations of mistreatment, neglect or abuse.</p> <p>All allegations and concerns will be discussed weekly for the next 30 days. All allegations, concerns, and reports to other officials will be discussed in the monthly PI meeting for the next 90 days.</p>	

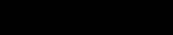
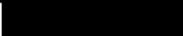
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4 130	Continued From page 4 	4 130		
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4 131	<p>11-94.1-29(b) Resident abuse, neglect, and misappropriation</p> <p>(b) All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source or origin, and alleged misappropriation of resident property shall be reported immediately to the administrator of the facility, and to other officials in accordance with state law through established procedures.</p> <p>This Statute is not met as evidenced by: Based on observations, staff interviews and a review of the facility's policy and procedure, the facility failed to ensure that all alleged violations involving mistreatment, neglect or abuse, shall be reported immediately to the administrator of the facility, and to other officials in accordance with</p>	4 131	<p>CORRECTIVE ACTION TAKEN:</p> <p> continues to reside in the facility with no allegations of neglect or concerns.</p> <p> continue to be employees at the facility.  received one-on-one education and applicable corrective action.</p> <p>IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFECIENT PRACTICE:</p> <p>Prior to 4/20/15, Administrator/designee conducted 100% audit of residents to ensure that staff is able to recognize and implement the procedure for reporting abuse and/or neglect.</p>	4/20/2015
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4 131	<p>Continued From page 5</p> <p>State law through established procedures (including to the State survey and certification agency) for 1 of the 32 residents reviewed in the Stage 2 sample.</p> <p>Finding includes:</p> <div style="background-color: black; width: 100%; height: 100%; min-height: 150px;"></div>	4 131	<p>SYSTEMIC MEASURES IMPLEMENTED:</p> <p>Prior to 4/20/15, staff was in-serviced on reporting of resident allegations of mistreatment, neglect or abuse to the Administrator or designated representative, immediately.</p> <p>Associates hired on or before 4/20/15, will receive training on reporting allegations of mistreatment, neglect or abuse to the Administrator/designee, immediately.</p> <p>Previously hired associates will be in-serviced on or before 4/20/15, on reporting allegations of mistreatment, neglect or abuse to the Administrator/designee, immediately.</p> <p>MONITORING:</p> <p>The Administrator/designee will conduct random weekly interviews, which include the resident abuse questionnaire.</p> <p>The Administrator /designee will review any allegations of mistreatment, neglect or abuse.</p> <p>All allegations and concerns will be discussed weekly for the next 30 days. All allegations or concerns will be discussed in the monthly PI meeting for the next 90 days.</p>	
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4 131	Continued From page 6	4 131		
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.	4 149	CORRECTIVE ACTION TAKEN: [REDACTED] continues to reside in the facility. [REDACTED] educated on appropriate transport of patients [REDACTED] and asking for assistance when applicable. IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFECIENT PRACTICE: Prior to 4/20/15, a 100% audit was conducted to review and verify appropriateness of transfer assistance. Residents [REDACTED] will be appropriately transferred according to their plan of care.	4/20/2015

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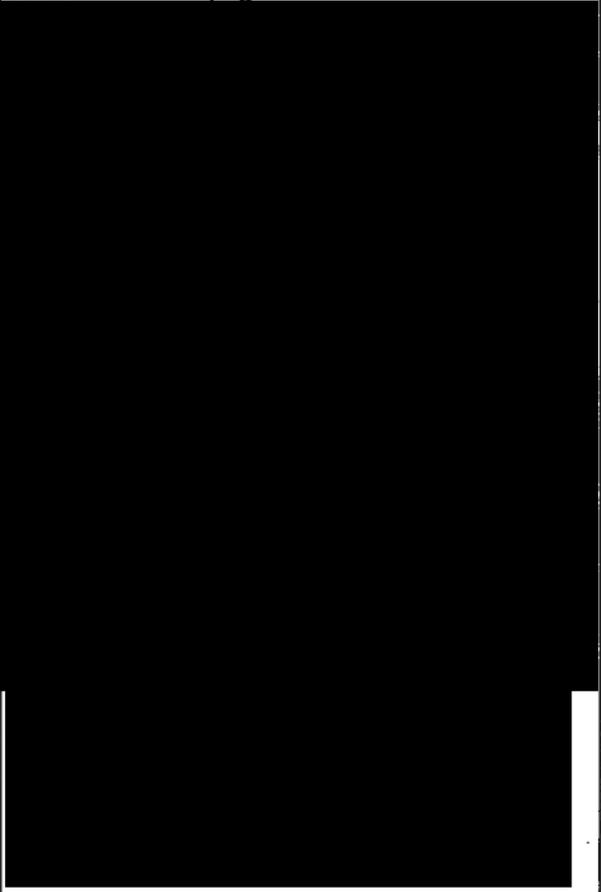
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4 149	<p>Continued From page 7</p> <p>This Statute is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to ensure nursing services included ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided and that each resident receives adequate supervision and assistance to prevent accidents for 1 of 32 residents reviewed in the active case sample.</p> <p>Finding includes:</p> <div style="background-color: black; width: 100%; height: 150px;"></div>	4 149	<p>SYSTEMIC MEASURES IMPLEMENTED:</p> <p>Prior 4/20/15, Nursing staff was in-serviced on appropriate transport of patients [REDACTED] and asking for assistance when applicable.</p> <p>MONITORING:</p> <p>DON/designee will conduct random weekly audits for assurance of appropriateness of transfers. Audits will be discussed in monthly PI meeting for 3 months.</p>	
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4 149	Continued From page 8 	4 149		
4 159	11-94.1-41(a) Storage and handling of food (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and	4 159	CORRECTIVE ACTION TAKEN: The walk-in refrigerator is clear of brown mottled spots toward the back wall. The eggs in the walk-in refrigerator are dated according to use by date guidelines.	4/20/2015

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4 159	<p>Continued From page 9</p> <p>(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observation, interview with staff members and review of the facility's policy and procedures, the facility failed to ensure food was stored under sanitary conditions.</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>	4 159	<p>IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFECIENT PRACTICE:</p> <p>Prior to 4/20/14, a 100% audit was conducted to ensure food was stored under sanitary conditions.</p> <p>SYSTEMIC MEASURES IMPLEMENTED:</p> <p>Prior to 4/20/15, dietary staff was in-serviced on assurance of food being stored under sanitary conditions.</p> <p>MONITORING:</p> <p>Dietary manager/designee will audit the walk-in refrigerator, daily to ensure sanitary conditions are met. Specifically, the walk-in refrigerator will be audited for cleanliness and use by dates.</p> <p>Dietary manager/designee will discuss audits during monthly PI meetings for the next 3 months.</p>	

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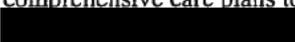
4 159	Continued From page 10 [REDACTED]	4 159		
4 174	<p>11-94.1-43(b) Interdisciplinary care process</p> <p>(b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative 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 record review and interview with staff members, the facility failed to develop an individualized, comprehensive care plan to address use of [REDACTED] for 3 [REDACTED] of 13 sampled residents of the 32 residents who were included in the active case sample.</p> <p>Findings include: [REDACTED]</p>	4 174	<p>CORRECTIVE ACTION TAKEN:</p> <p>[REDACTED] continue to reside in the facility [REDACTED] discharged on 3/10/15.</p> <p>[REDACTED] Care plan was updated to address the parameters for the use of two [REDACTED] medications as prescribed.</p> <p>[REDACTED] Care plan has been implemented to address the use for [REDACTED]</p> <p>IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Prior to 4/20/15, a 100% audit of comprehensive care plans related to the use of [REDACTED] was conducted to verify that a comprehensive care plan was implemented.</p>	4/20/2015

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4 174	Continued From page 11 	4 174	<p>SYSTEMIC MEASURES IMPLEMENTED:</p> <p>Prior to 4/20/15, all licensed staff and social services associates were in-serviced on comprehensive care plans to address use of  medications.</p> <p>MONITORING:</p> <p>MDS/designee will conduct random weekly audits on comprehensive care plans to address use of  medications. All audits will be discussed in the monthly PI meeting for the next 3 months.</p>	
4 177	11-94.1-44(a) Specialized rehabilitation services (a) The facility shall provide for specialized and	4 177	<p>CORRECTIVE ACTION TAKEN:</p> <p> continue to reside in the facility.</p>	4/20/2015

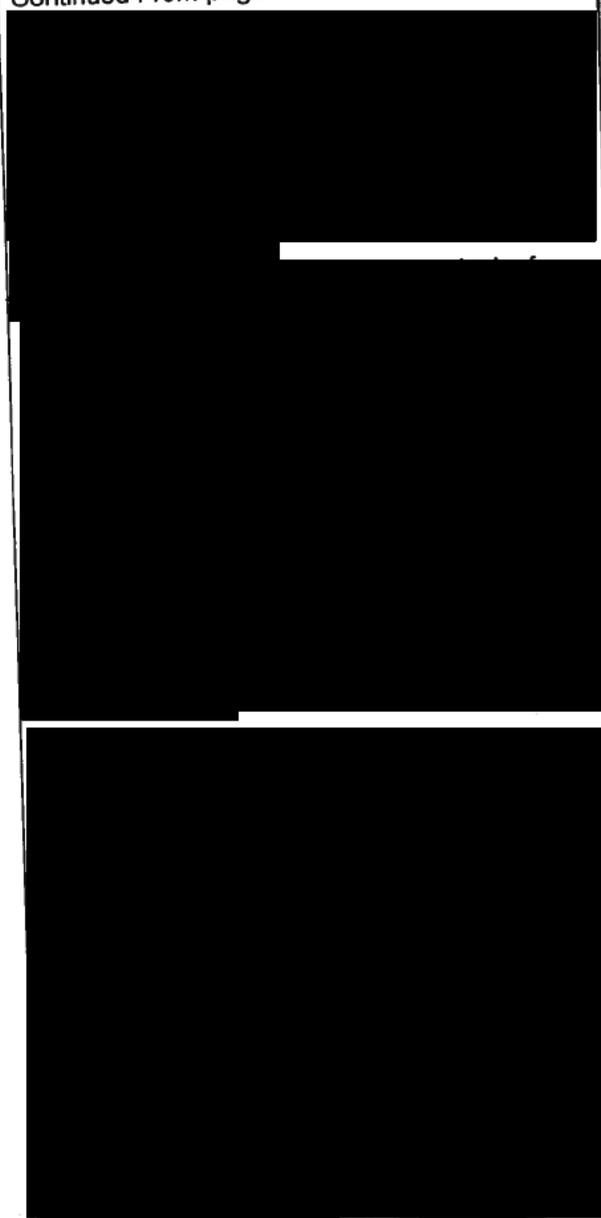
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4 177	<p>Continued From page 12</p> <p>supportive rehabilitation services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each resident, either directly by qualified staff or through arrangements with qualified outside resources. Services shall be programmed to:</p> <p>(1) Preserve and improve the resident's maximal abilities for independent function;</p> <p>(2) Prevent, insofar as possible, irreversible or progressive disabilities; and</p> <p>(3) Provide for the procurement and maintenance of assistive devices as needed by the resident to adapt and function within the resident's environment.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to ensure that a resident with [REDACTED] receives [REDACTED] for 2 of 5 residents of the 32 residents reviewed in the active case sample.</p> <p>Findings include: [REDACTED]</p>	4 177	<p>[REDACTED] were re-evaluated prior to 4/20/15. Restorative programming implemented as indicated.</p> <p>Prior to 4/20/15, Nursing Staff was in-serviced on range of motion techniques, while providing ADL care. In addition, nursing staff was also in-serviced on notification of changes in condition/range of motion to the charge nurse/supervisor.</p> <p>IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Prior to 4/20/15, a 100 % audit was conducted of patients that are currently on restorative programming. Applicable residents received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>SYSTEMIC MEASURES IMPLEMENTED:</p> <p>A bi-monthly meeting will be conducted to identify patients that are due for quarterly assessments. Residents that trigger from ADL decline from their MDS assessment will be referred to therapy for implementation of an appropriate nursing program.</p> <p>MONITORING:</p> <p>The DON/designee will conduct bi-monthly audits of the restorative programs program assessment. Restorative programming will be discussed in the monthly PI meeting for 90 days.</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

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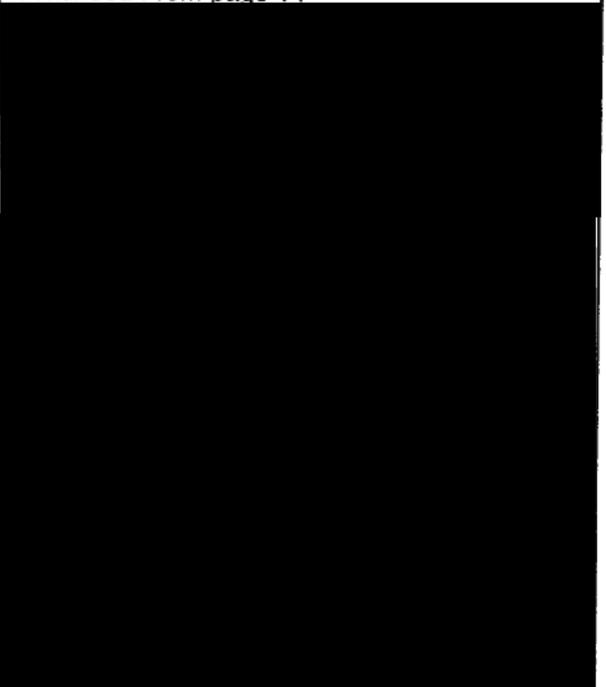
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4 177	Continued From page 13 	4 177		

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4 177	Continued From page 14 	4 177		
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4 197	<p>11-94.1-46(n) Pharmaceutical services</p> <p>(n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to dispose of discontinued and outdated prescriptions accordingly.</p> <p>Finding includes: </p>	4 197	<p>CORRECTIVE ACTION TAKEN:  was educated on the appropriateness of discarding expired medications.</p> <p>IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFECIENT PRACTICE: Prior to 4/20/15, a 100% audit was conducted in the medication rooms for expired medications.</p>	4/20/2015
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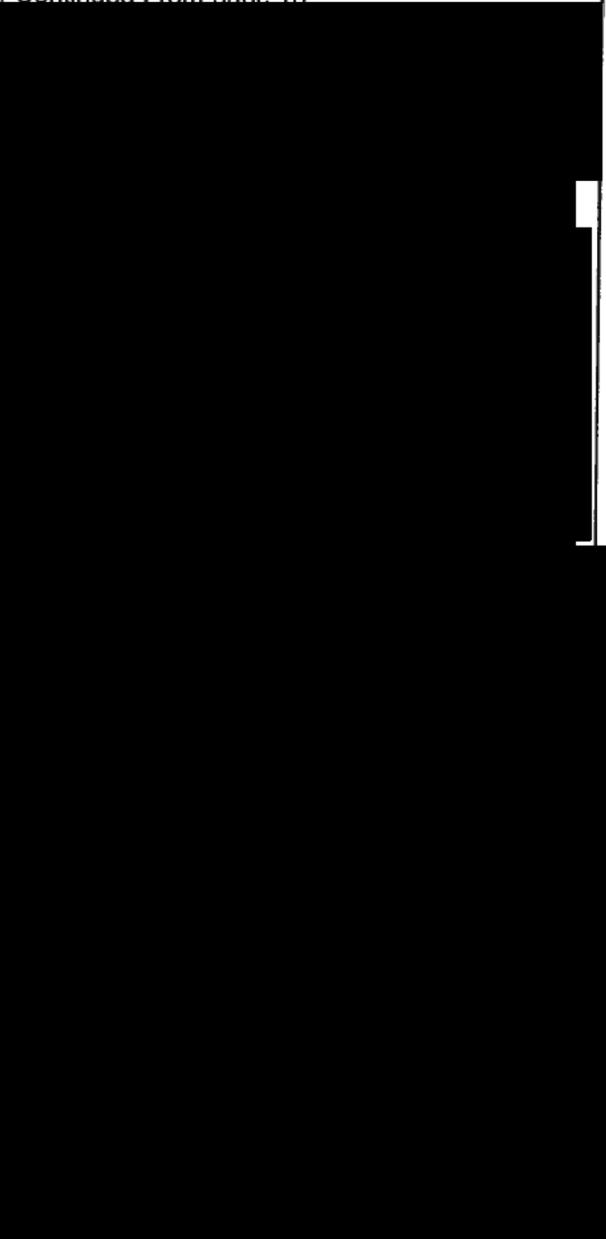
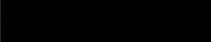
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4 197	Continued From page 15 	4 197	SYSTEMIC MEASURES IMPLEMENTED: Prior to 4/20/15, Licensed-nursing staff was educated on the disposal of expired medications. MONITORING: The DON/designee will conduct random weekly audits of the medication rooms and carts for the disposal of expired medications. All audits will be discussed in the PI meeting for the next 3 months.	
4 198	11-94.1-46(o) Pharmaceutical services (o) A pharmacist shall, on a monthly basis, review the record of all residents receiving medications to determine potential adverse reactions, interactions, and contraindications. The review and any concerns identified shall be documented in the resident's record. This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to ensure for 1 of 5 sampled residents  the drug regimen was free from unnecessary drugs in the active case sample. Finding includes: 	4 198	CORRECTIVE ACTION TAKEN:  continues to reside in the facility.  medication orders were clarified to identify appropriate administration criteria. IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFICIENT PRACTICE: Prior to 4/20/15, a 100% audit was conducted of residents with   to clarify the appropriate administration parameters are met.	4/20/2015

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4 198	Continued From page 16 	4 198	<p>SYSTEMIC MEASURES IMPLEMENTED:</p> <p>Prior to 4/20/15, all licensed staff and social services staff was in-serviced on obtaining parameters for </p> <p>MONITORING:</p> <p>Any new orders for  are verified upon admission or medication changes. The Social Services Director/designee will initiate non-pharmacological interventions when  All audits will be discussed in the PI meeting for the next 3 months.</p>	

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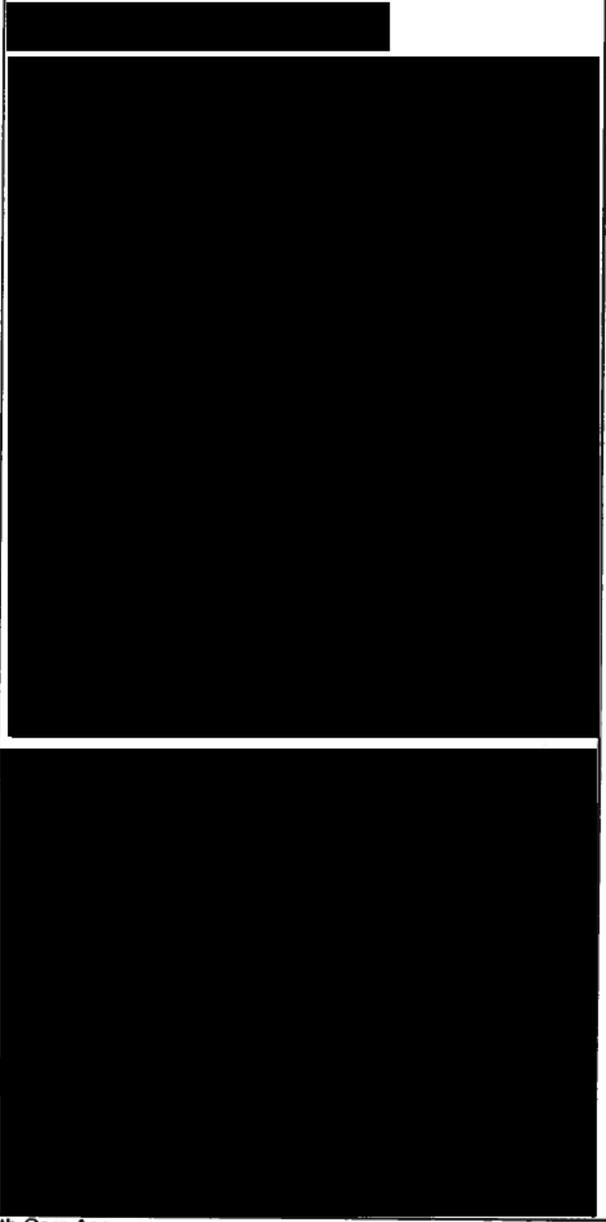
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KA PUNAWAI OLA

91-575 FARRINGTON HIGHWAY
KAPOLEI, HI 96707

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4 198	Continued From page 17 	4 198		

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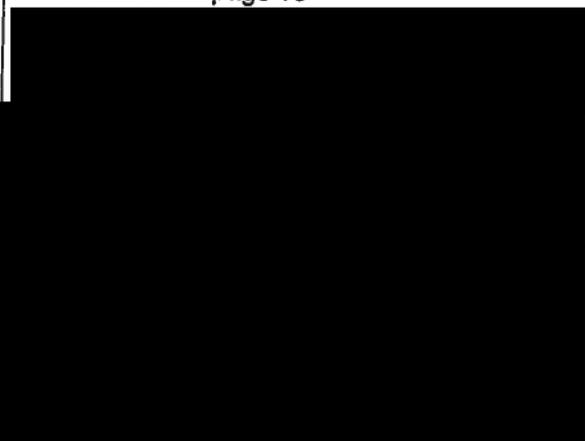
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4 198

Continued From page 18



4 198

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 observation and interview with facility staff members, the facility failed to maintain all essential electrical equipment in safe operating condition.

4 243

CORRECTIVE ACTION TAKEN:

The handle of the walk-in refrigerator door was repaired.

IDENTIFICATION OF OTHERS WHO MAY BE AFFECTED BY THE DEFICIENT PRACTICE:

Prior to 4/20/15, an audit was conducted for assurance of essential equipment and safe operating conditions related to the walk-in refrigerator door.

SYSTEMIC MEASURES IMPLEMENTED:

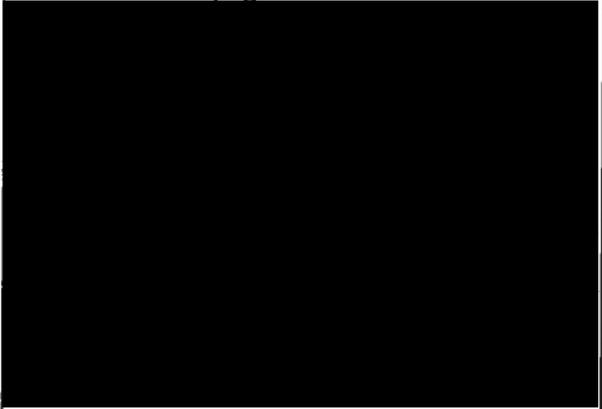
Prior to 4/20/15, dietary and maintenance staff was in-serviced on essential equipment and safe operating conditions, related to the walk-in refrigerator door.

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4 243	Continued From page 19 	4 243	<p>MONITORING:</p> <p>The dietary and maintenance director will conduct weekly audits for essential equipment and safe-operating conditions related to the walk-in refrigerator and related dietary equipment.</p> <p>The dietary manager/designee will discuss the audits in the monthly PI meeting for the next 3 months.</p>	
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