

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KAU HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 KAMANI STREET PAHALA, HI 96777</b>
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4 000	11-94.1 Initial Comments  A licensure survey was conducted from 10/19/15 to 10/22/15.	4 000	An audit of all foodstuffs in kitchen conducted and all items dated and labeled.	
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  (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.  This Statute is not met as evidenced by: Based on observation and interview, the facility did not ensure that it stored food under sanitary conditions as evidenced by food products that were not labeled and dated.  Finding includes:  During the initial tour of the kitchen on the morning of 10/19/15, food items were found in the kitchen that were opened and not labeled and/or dated, and one container of outdated tartar sauce.  A refrigerator contained a Yoplait yogurt plastic tub that was labeled as containing tartar sauce and dated 9/29/15. Also, a plastic bag which the food service staff reported was sliced pork and individual servings of power pudding that was not labeled or dated. An open container of beef broth	4 159	Dietary supervisor created updated policy and procedures around food labeling. A kitchen employee is assigned the daily task of checking to ensure labeling is accurate and that all outdated foods are discarded. Dietary supervisor to monitor compliance and provide appropriate discipline for staff who do not follow policy. Rules for length of time that foods can be stored posted. In-service for kitchen staff provided on October 24 with follow-up session on November 10/2015. Monthly reporting to DON/Quality Manager at Department Head meeting to ensure plan of correction is maintained.	11/12/15

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 DIVISION OF LICENSING

Office of Health Care Assurance  
LABORATORY

SENTATIVE'S SIGNATURE: \_\_\_\_\_ TITLE: *Administrator* (X6) DATE: *Amended Nov. 23/15*

STATE F \_\_\_\_\_ 6896 YGWR11 If continuation sheet 1 of 7

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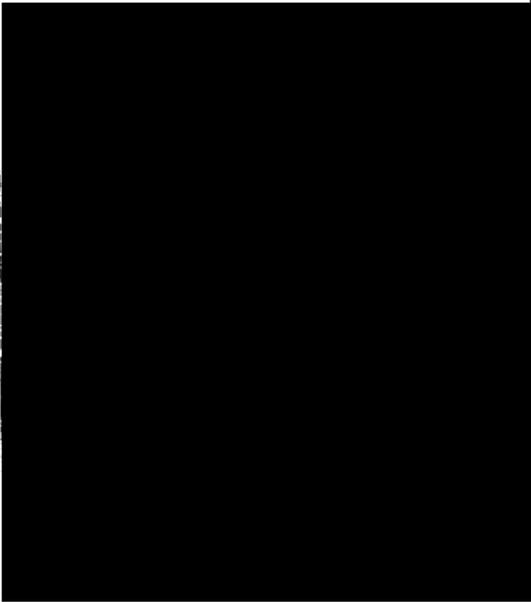
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4 159	Continued From page 1  was not dated as to when it was opened or to be used by (expiration date). An open package of kamaboko and an open package of fishcake were in the refrigerator and not dated as to when the package was opened or until when the products could be used.  The dry storage pantry had a plastic bag of shiitake mushrooms that was not labeled or dated.  The food service staff confirmed that the food should have been labeled and dated. Also, on 10/21/15 it was confirmed with the food service staff that the tartar sauce was outdated and should have been disposed.	4 159		
4 174	11-94.1-43(b) Interdisciplinary care process  (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.  This Statute is not met as evidenced by: Based on record review and interview with staff members, the facility failed to develop a comprehensive plan of care for 1 [REDACTED] of 10 sampled residents of the 14 residents in the Stage 2 sample.  Finding includes: [REDACTED]	4 174	All RNS as well as the MDS coordinator were in-serviced on care plans for those residents on anti-coagulant therapy and what those plans should include e.g. monitoring for signs of bleeding/bruising etc. This education will be reinforced at quarterly IDT meetings as care plans are reviewed and updated. In addition, MDS coordinator will provide ongoing monitoring of resident records to ensure compliance.	11/23/15

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4 174	Continued From page 2 	4 174		
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, staff interview, and policy review, the facility did not ensure expired medications were not available for use.  Findings include: 	4 197		

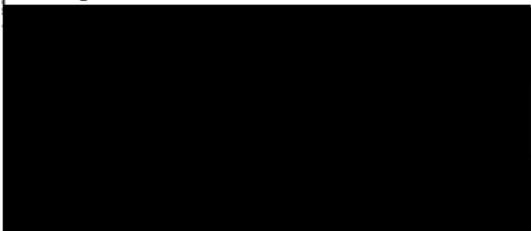
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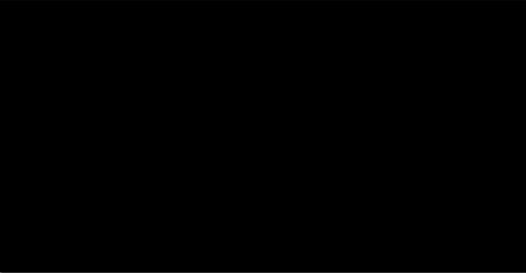
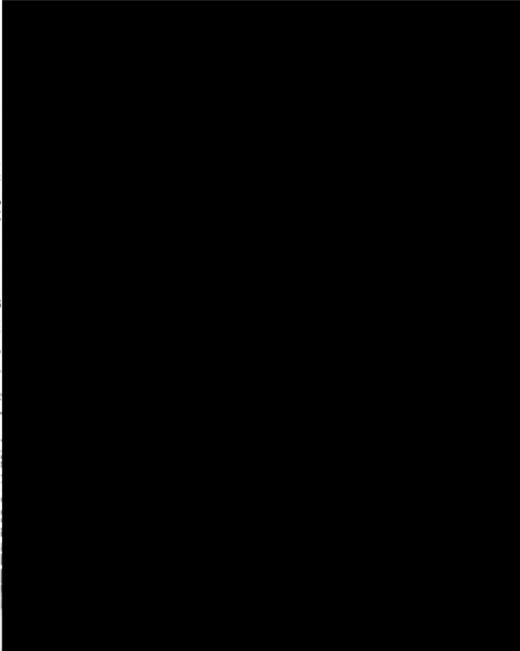
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4 197	Continued From page 3 	4 197	Existing process for monitoring for expired drugs amended to procedures where nursing reviews all pharmaceuticals at the beginning of each month and any drugs due to expire that month shall be discarded. Staff in-serviced on process. Monthly tracking sheet will be used to ensure ongoing compliance and reviewed by DON.	11/23/15
4 205	11-94.1-53(b)(2) Infection control  (b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.  (2) At least one single bedroom shall be designated as an isolation room as needed and shall have:  (A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet;  (B) Appropriate hand-washing facilities available to all staff; and  (C) Appropriate methods for cleaning and disposing of contaminated materials and equipment;  This Statute is not met as evidenced by: Based on observation and staff interview, the facility did not ensure that at least one single bedroom shall be designated as an isolation room and have an adjoining toilet room with a nurses'	4 205	Ka'u Hospital Skilled Nursing and Intermediate Care Facility currently carries a waiver for Infection control on license dated April 1, 2015. Letter of request to continue this wavier is attached to this POC.	11/12/15

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4 205	Continued From page 4 call system, a lavatory, and a toilet.  Findings include: 	4 205		
4 222	11-94.1-56(b) Laundry service  (b) Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.  (1) Provisions shall be made for the handling, storage, and transportation of soiled and clean laundry and for satisfactory cleaning procedures; (2) Provisions may be made for contract service outside the facility in a laundry approved by the department; (3) Laundry contaminated with blood, blood products, or infectious waste shall be handled in accordance with U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) regulation 29 C.F.R., Part 1910.1030; (4) Clean linen shall be stored in enclosed areas; and (5) Hampers shall be provided for soiled linen.  This Statute is not met as evidenced by: Based on observation and staff interviews, the facility did not ensure they established and	4 222	Temperature of hot water supply to washing machine re-set to verify and ensure 160 degrees. Housekeeping staff to disinfect the interior of the washing machine with bleach solution after each load of mop heads and run through a complete wash cycle before the machine is used again. Building and Maintenance Supervisor to monitor compliance and report monthly to DON/Quality Manager at Department Head meeting to ensure plan of correction is maintained.	10/24/15  11/12/15

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4 222	Continued From page 5  maintained an infection control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of infection.  Findings include:    	4 222		

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