

Hawaii Dept. of Health, Office of Health Care Assurance

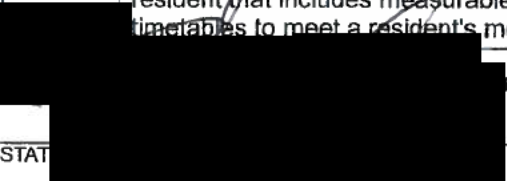
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/24/2015
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NAME OF PROVIDER OR SUPPLIER KAUAI VETERANS MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4643 WAIMEA CANYON RD WAIMEA, HI 96796
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2015 NOV 10 P 12:06

STATE OF HAWAII

(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)	(X6) COMPLETE DATE
4 000	11-94.1 Initial Comments A re-licensing survey was conducted by the State Agency at the facility from 9/21/15 through 9/24/15. The resident census was 20 at the survey entrance.	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: Based on observation, record reviews, resident interview, and staff interview, the facility failed to develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing,	4 149		



REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Regional CEO - Kauai

11-5-15

STAT

6899

MEP311

If continuation sheet 1 of 5

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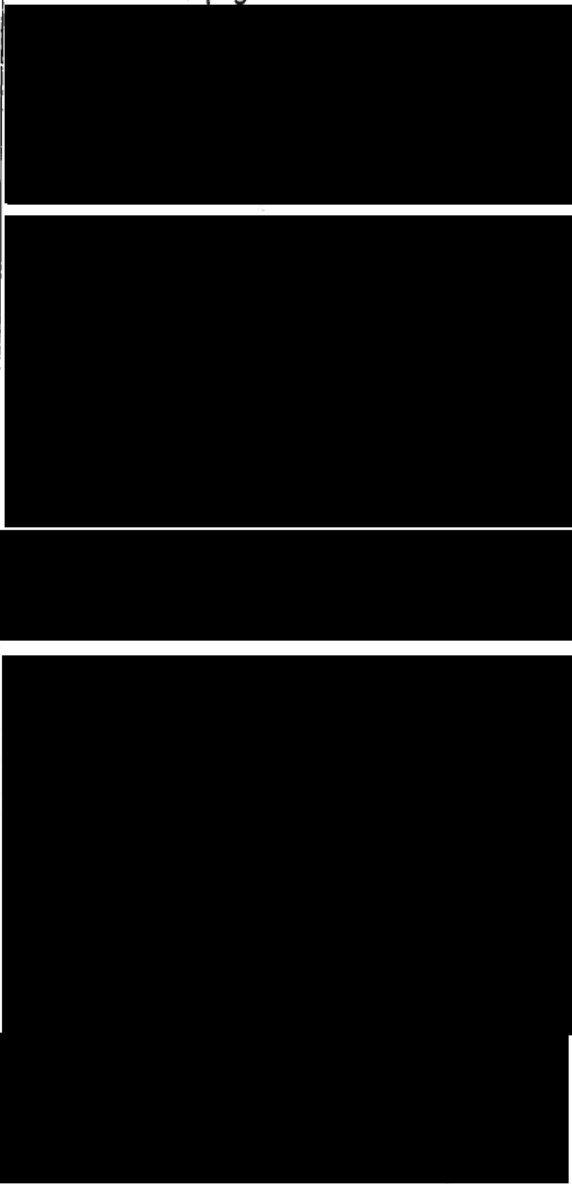


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4 149	Continued From page 1 and mental and psychosocial needs that are identified in the comprehensive assessment for 2 [REDACTED] of 4 residents in the Stage II sample survey. Findings include: [REDACTED]	4 149	[REDACTED] 4 149 1. Care plan revised/updated [REDACTED] 2. All residents weekly weights will be calculated for corresponding BMIs. Care plans of residents with BMIs less than 22 will incorporate "weight loss" prevention measures. 3. Residents with care plans incorporating measures to prevent weight loss will be reviewed at weekly Resident Care Council (RCC) meetings. 4. Results will be monitored and reported, by Nurse Manager, to Hospital Performance Improvement Committee x 3 months and / or 100% compliance is achieved for 3 consecutive months. Reporting to start at the November Committee Meeting.	9/25/15 10/1/15 10/1/15 10/8/15

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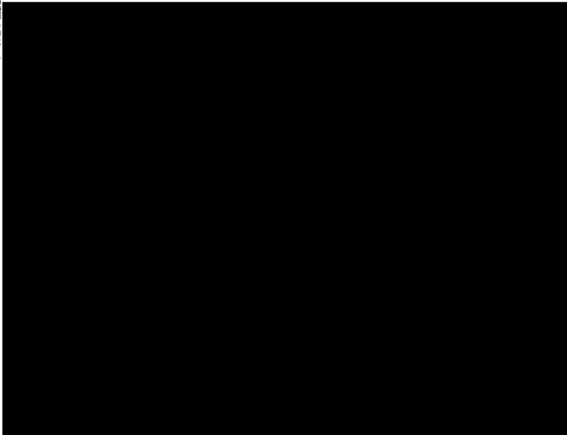
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4 149	Continued From page 2 	4 149	<p>4 149 </p> <ol style="list-style-type: none"> 1. Care plan revised  10/3/15 2. A tracking log for risk medications developed and implemented. 10/3/15 3. Residents placed on these risk medications will be tracked, care plans developed and reviewed at weekly Resident Care Council meetings. 10/8/15 4. Monitoring to be done by Nurse Manager with reports of results to the Hospital Performance Improvement Committee, monthly x3 months or until 100% compliance for 3 consecutive months is achieved. Reporting to start in November. 10/8/15 	

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4 149	Continued From page 4 	4 149	continued... 4. Results will be monitored and reported, by Nurse Manager, to Hospital Performance Improvement Committee x 3 months and / or 100% compliance is achieved for 3 consecutive months. Reporting to start at the November Committee Meeting.	10/8/15