

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KOHALA HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>54-383 HOSPITAL ROAD KAPAAU, HI 96755</b>
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(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)	(X5) COMPLETE DATE
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4 000 11-94 1 Initial Comments

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A relicensing survey was conducted at this facility with the exit date of 1/16/15

4 174 11-94.1-43(b) Interdisciplinary care process

4 174

(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 observation, interview, and record review, the facility did not ensure that an individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care and preventative care for 1 resident in the sample.

Finding includes

Based on observation, record review and interview with staff members, the facility failed to ensure 1 [redacted] of 1 resident identified for [redacted] received receives appropriate treatment and services to prevent [redacted] and to restore as much [redacted] as possible.

Finding includes

[redacted]

**4 174 11-94. 1-43(b) Interdisciplinary care process**  
**How Corrective action will be accomplished for those residents found to have been affected by the deficient practice:**

2/4/15

The care plan for the affected resident has been updated with approaches used to deal with resistance to care. [redacted] has already been seen by a [redacted] and is being treated for a diagnosis of [redacted].

**How the facility will identify other residents having the potential to be affected by the same deficient practice.**  
All residents have the potential to be affected by the same deficient practice. Resident care plans are reviewed during IDT meetings and will identify residents needing care plan updates related to [redacted].

2015 FEB -6 P 12:15

Office of Health Care Assurance	PROVIDER REPRESENTATIVE'S SIGNATURE	TITLE	(X5) DATE
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*Acting Administrator*

2/4/15

5199 BG5611



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4 174 Continued From page 2

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[REDACTED]

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4 174 Continued From page 3

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