Hawaii Dept. of Health, Office of Health Care Assuranc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AMENDED POC	125059	A. BUILDING: _____ B. WING _____ 2015 MAR 10 P 3:52	01/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALOLO CHINESE HOME	2459 10TH AVENUE HONOLULU, HI 96816

(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
4 000	11-94.1 Initial Comments A state relicensure survey was conducted at the facility from 1/26 - 1/29/15. At the time of entrance, the resident census was 42.	4 000		
4 123	11-94.1-27(12) Resident rights and facility practices 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: (12)The right to be fully informed in advance about care and treatment and of any changes in that care and treatment and the right to participate in planning care and treatment, unless adjudged incompetent or incapacitated; This Statute is not met as evidenced by: Based on record review and interview with staff members, the facility failed to revise care plans for 1 [redacted] of 14 sampled resident of the 26 residents reviewed. Findings include: [redacted]	4 123	4 123-11-94.1-27 (12) Resident rights and facility practices 1. [redacted] the resident's care plan was reviewed and revised by the SW, and Nurses based on the resident's abilities and choice on 02/02/15. [redacted] 2. On 02/02/14-02/13/15 all resident care plans were audited, reviewed and revised by the SW and Nurses to ensure that it was based on the resident's abilities (cognition and functional abilities) and choice (respect for privacy). 3. All Licensed Nurses, SW and CNAs (current, new annually) were in-serviced on the requirements that care plans must be based on the resident's abilities (cognition and functional abilities) and choice on 2/2/15-2/13/15. All other staff (Dietitian, Food Service Manager) was in-serviced on 02/10/15. 4. The DON/designee will audit each month that care plans are based on the resident's abilities (cognition and functional abilities)	02/02/15 02/13/15 02/13/15 02/16/15

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Admin. 03/06/15

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4 123	Continued From page 1 [redacted]	4 123	Continued from page 1 and choice (respect for privacy) and the results will be reported to the QA Committee each quarter. Completion date 02/16/15.	
4 136	11-94.1-30 Resident care The facility shall have written policies and procedures that address all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status, including but not limited to: (1) Respiratory care including ventilator use; (2) Dialysis; (3) Skin care and prevention of skin breakdown;	4 136	4 136-11-94.1-30 Resident care 1. [redacted] the care plan was reviewed (2/13/15) and did include the following interventions: [redacted]	02/13/15

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4 136	Continued From page 2 (4) Nutrition and hydration; (5) Fall prevention; (6) Use of restraints; (7) Communication; and (8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth. This Statute is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to maintain [redacted] for 1 Resident, [redacted] of the 26 residents reviewed. Findings include: [redacted]	4 136	Continued from page 2. [redacted] Care plan was updated on 10/1/14 [redacted] All the above were care planned and documented. [redacted] the resident's care plan was reviewed and revised by the DON and ADON based on the resident's abilities and choice on 02/05/15. [redacted] Staff is to check/document the proper functioning of the alert alarm at the beginning to each shift; and to ensure that it is turned on and functioning when the resident changes location. Staff was counseled to follow care plans, which is to stand outside the bathroom door while	

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PALOLO CHINESE HOME	2469 10TH AVENUE HONOLULU, HI 96816

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4 136	Continued From page 3 [redacted]	4 136	Continued from page 3 [redacted] 2. On 02/02/15 – 02/13/15 all care plans and wound assessments were audited, reviewed and care plans revised by the DON, ADON and MDS Coordinator to include interventions to prevent [redacted] and to promote healing with residents [redacted] From 02/02/15 staff is to check/document all resident's alert alarms to ensure that it is on and functioning. Resident care plans were revised by the DON and ADON just 1 resident was already care planned to have staff stand right outside the bathroom door [redacted] DON/ ADON will survey weekly x 2 (week of 2/02 and 2/09) weeks then monthly (2/16/15) that alert alarms are functioning and that staff are following care plans. 3. All Licensed Nurses and CNAs (current, new and annually) were in-serviced on the requirements that a resident must receive necessary treatment and services to prevent [redacted] unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having [redacted] receives necessary treatment and services to promote healing, prevent infection and prevent [redacted] from developing [redacted] were in-serviced on the requirements that alert alarms must be checked and documented as on and functioning at the	02/16/15 02/13/15

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4 136	Continued From page 4 [redacted]	4 136	Continued from page 4. beginning of the shift. Staff must follow care plans and not leave residents unattended while using the toilet on 02/02/15 – 02/13/15. All other staff (Dietitian, Food Service Manager) was in-serviced on 02/10/15. 4. The DON/designee will audit each month that the resident care plans are based on the resident's comprehensive assessment to ensure that a resident receives necessary treatment and services to prevent [redacted] unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having [redacted] receives necessary treatment and services to promote healing, prevent infection and preven[redacted] from developing; alert alarms are being checked that it is on and functioning at the beginning of each shift and that staff are not leaving residents unattended [redacted] and the results will be reported to the QA Committee each quarter. Completion date 02/16/15.	02/16/15

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4 136	Continued From page 5 [redacted]	4 136		

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4 136	Continued From page 6 [redacted]	4 136		

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4 136	Continued From page 7 [redacted]	4 136		

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4 136	Continued From page 8 [redacted]	4 136		

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4 174	Continued From page 9	4 174		
4 174	11-94.1-43(b) Interdisciplinary care process (b) An individualized, interdisciplinary overal 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 care plan for each resident that includes measurable objectives and timetables to meet a resident's medical needs that are identified in the comprehensive assessment for 3 of 14 sampled residents [redacted] of the 26 residents reviewed. Findings include: [redacted]	4 174	4 174-11-94.1-43(b) Interdisciplinary care process 1. By 2/12/15, for [redacted] the care plan was reviewed and revised by the SW, Dietitian and Nurses to include the following interventions: Non-pharmacological interventions for [redacted] Ensure resident's safety and come back in 5 minutes. [redacted] For [redacted] the care plan was reviewed (2/13/15) and did in lud the ollowing interventions: [redacted]	2/16/15

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4 174	Continued From page 10 [redacted]	4 174	Continued from page [redacted]	

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4 174	Continued From page 11 [redacted]	4 174	Continued from page 11. [redacted]	
			2. On 2/5/15-2/13/15 all resident care plans were audited, reviewed and revised by the SW, Dietitian, and Nurses to ensure that the following is care planned: includes non-pharmacological interventions for residents on [redacted] medications; side effects interventions/monitoring related to medications use; interventions related to refusal of care; interventions to prevent [redacted] and fluid preferences.	02/13/15
			3. On 02/02/15 – 02/13/15 all Licensed Nurses, SW, Dietitian and CNAs (current, new and annually) were in-serviced on the requirements that care plans must be comprehensive and include non-pharmacological interventions for residents on [redacted] medications; side effects interventions/monitoring related to medications use; interventions related to refusal of care; interventions to prevent [redacted] and fluid preferences.	02/13/15

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4 174	Continued From page 12 [redacted]	4 174	Continued from page 12. All other staff (Dietitian, Food Service Manager) was in-serviced on 02/10/15. 4. The DON/designee will audit each month the care plans to ensure that it is comprehensive and includes interventions for non-pharmacological interventions for residents on [redacted] medications; side effects interventions/monitoring related to medications use; interventions related to refusal of care; interventions to prevent [redacted] and fluid preferences and the results will be reported to the QA Committee each quarter. Completion date 02/16/15.	02/16/15

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4 174	Continued From page 13 [redacted]	4 174		
4 194	11-94.1-46(k) Pharmaceutical services (k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. This Statute is not met as evidenced by: Based on observation, staff interview, and review of medication administration guidelines, the facility failed to ensure that medications were stored and labeled with the resident's name and kept medications locked/observed at all times. Findings include: [redacted]	4 194	4 194-11-94.1-46(k) Pharmaceutical services 1. On 02/03/15 [redacted] was counseled/observed by the DON/ADON to not leave medications on top of the medication cart unlabeled and unattended by the DON/ADON. 2. All Lic. Nurses were in-serviced/observed by the DON/ADON on the policy that no medications are to be left unattended and unlabeled, such as on the medication cart completed by 02/13/15. 3. All new Lic. Nurses and annually will be in-serviced on the policy that no medications are to be left unattended and unlabeled, such as on the medication cart on 02/02/15 – 02/13/15. 4.The DON/designee will audit each month	02/03/15 02/13/15 02/13/15 02/16/15

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4 194	Continued From page 14 [redacted]	4 194	Continued from page 14. that Lic. Nurses are not leaving medications unattended and unlabeled, such as on the medication cart and the results will be reported to the QA Committee each quarter. Completion date 02/16/15.	

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4 194	Continued From page 15 [redacted]	4 194		
4 203	11-94.1-53(a) Infection control (a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste. 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 maintain an infection control program designed to provide a sanitary environment to help prevent the development and transmission of disease and infection. Finding Include: [redacted]	4 203	4 203-11-94.1-53(a) Infection control 1. [redacted] was counseled that that [redacted] s not to clean from dirty to clean such as place slippers on the resident's feet then without washing or sanitizing [redacted] hands proceed to brush a resident's hair [redacted] was counseled on cleaning from dirty to clean and not to use the same towel to clean the floor then the shower chair [redacted] An infection control policy was reviewed with the DON, [redacted] that the PDI wipes are used to routinely clean the shower chairs before and after each use. The housekeepers will clean the shower chairs every day with disinfectant. The "orange top" containers with bleach will be used on equipment used by residents with [redacted] suspected/actual on 02/09/15. All the shower chairs were power washed 2/12/15 and 2/13/15. [redacted] was counseled on the proper procedure to wash hands before and after each treatment on 02/03/15. [redacted] was counseled that [redacted] must sanitize [redacted] hands before administering medications on 02/04/15. 2. All Lic. Nurses and CNAs were in-serviced/ observed on not to clean from dirty to clean such as cleaning the floor then the shower chair and placing slippers on the resident's feet without washing or sanitizing	02/14/15 02/13/15

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4 203	Continued From page 16 [redacted]	4 203	Continued from page 16. hands and proceed to brush a resident's hair. Use of "orange tops" with bleach to clean equipment with residents wit[redacted] on 02/02/15 – 02/13/15. All Lic. Nurses were educated/observed on the requirement to wash hands before and after each treatment and to wash/sanitize hands before administering medications on 02/02/15 – 02/13/15. All housekeepers were trained on cleaning the shower chair daily with disinfectant, including the underneath. There will be a sign at the entrance of the door with a "C" to indicate that they need to use a bleach solution on 2/13/15. All shower chairs will be power washed every other month. 3. All new Lic. Nurses and CNAs and annually will be in-serviced/observed on cleaning equipment before and after each use, not to clean from dirty to clean such as cleaning the floor then the shower chair with same towel and placing slippers on the resident's feet without washing or sanitizing hands and proceed to brush a resident's hair. Use of "orange tops" with bleach to clean equipment with residents with[redacted] on 02/13/15. Lic. Nurses are washing/sanitizing their hands after/before each treatment and before administering medications on 02/13/15. All new housekeepers and annually will be ins-serviced on the daily cleaning of the shower chair, including the underneath. Use of bleach solution for	02/13/15

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4 203	Continued From page 17 [redacted]	4 203	Continued from page 17. with [redacted] on 2/13/15. 4. The DON/designee will audit/observe each month that Lic. Nurses/CNAs are cleaning equipment before and after each use, not to clean from dirty to clean such as cleaning the floor then the shower chair with same towel and placing slippers on the resident's feet without washing or sanitizing hands and proceed to brush a resident's hair. The DON/ designee will audit/ observe each month that the staff use of "orange tops" with bleach to clean equipment with residents with [redacted] and Lic. Nurses are washing/ sanitize their hands after/before each treatment and before administering medications. The results will be reported to the QA Committee each quarter. Completion date 02/16/15.	02/16/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AMENDED POC	125059	A. BUILDING: _____ B. WING _____	01/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALOLO CHINESE HOME	2459 10TH AVENUE HONOLULU, HI 96816

(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
4 203	Continued From page 18 [redacted]	4 203		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AMENDED POC	125059	A. BUILDING: _____ B. WING _____	01/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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4 203	Continued From page 19 [redacted]	4 203		