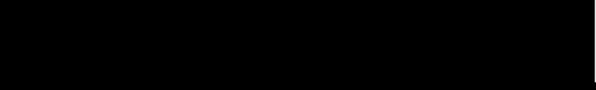


Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER PEARL CITY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 919 LEHUA AVENUE PEARL CITY, HI 96782
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4 000	11-94.1 Initial Comments A state relicensure survey was conducted at the facility from 2/9 - 2/13/15. At the time of the entrance, the resident census was 117.	4 000		
4 088	11-94.1-16(a) Governing body and management (a) Each facility shall have an organized governing body, or designated persons functioning as the governing body, that has overall responsibility for the conduct of all activities. The facility shall maintain methods of administrative management that assure that the requirements of this section are met. This Statute is not met as evidenced by: Based on observations, resident and staff interviews, and policy review, the facility's Quality Assessment and Assurance committee failed to identify quality deficiencies and failed to develop and implement appropriate plans of action to correct quality deficiencies identified in the facilities Occurrence Investigation Form. The facility failed to effectively and efficiently attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The Administrator and Director of Nursing failed to communicate and recommend trending, analysis to determine systemic improvements to the Quality Assessment and Quality Assurance committee. The survey team determined the facility was providing substandard quality of care and actual harm. An extended survey was initiated. Findings include: 	4 088	4 088- GOVERNING BODY AND MANAGEMENT #1 – Individual This deficient practice is administrative and therefore no individualized corrective action was instituted. #2 – Other Residents All residents in facility are at risk for this finding as listed on the statement of deficiencies. #3 – Systemic Changes Revised and improved Quality Assurance(QA) Incident and Investigation reports are being implemented by facility after training is completed with licensed nursing staff. These reports will be completed by Licensed Nursing staff immediately upon any required incident, including falls and elopements from property of facility. Incidents will be discussed in facility's daily (generally 5 days/week) Interdisciplinary Team(IDT) meeting to ensure investigations are in progress as needed, completion thereof, and to	

Office of Health Care Assurance
LABORATORY DIRECTOR'S OFFICE

RE

TITLE

(Amended)
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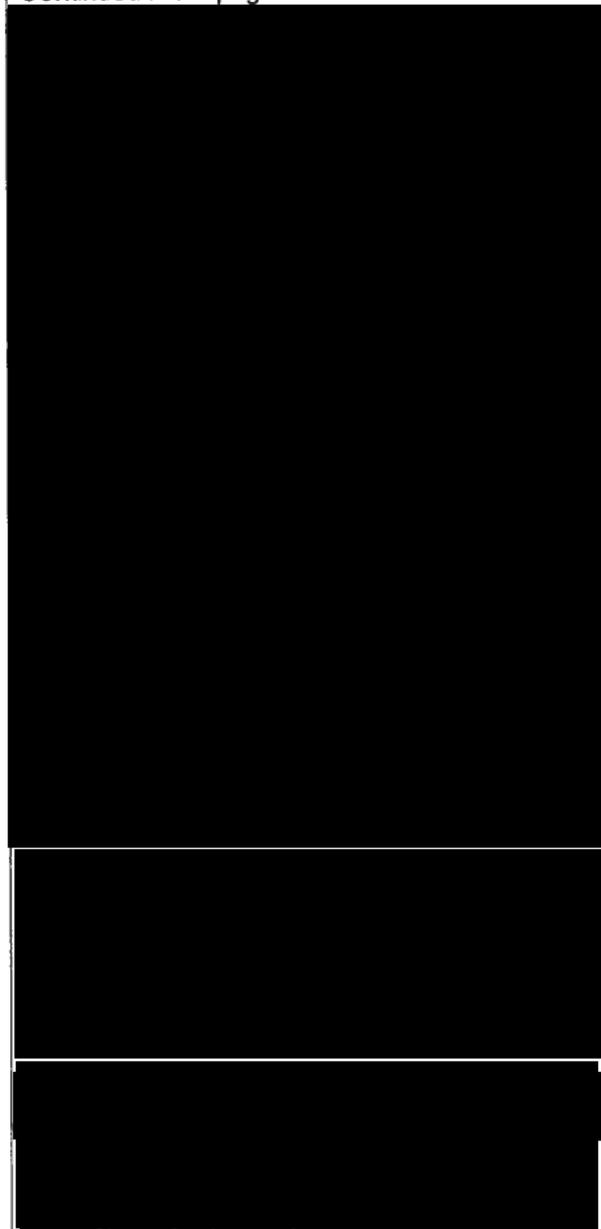
Administrative

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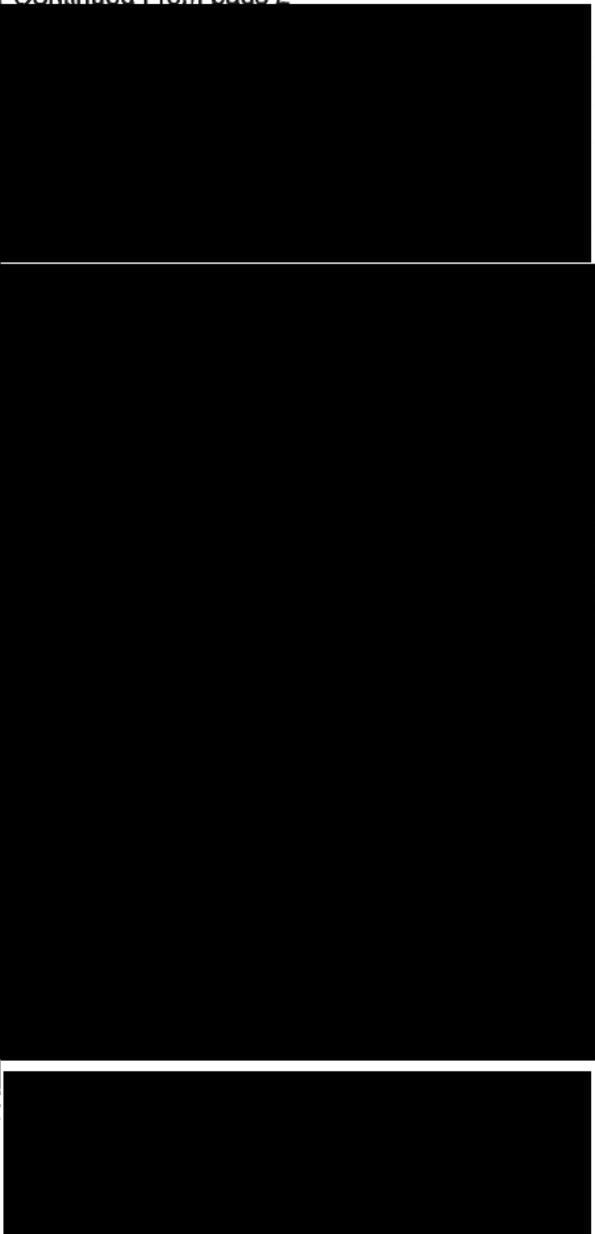
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4 088	Continued From page 1 	4 088	<p>analyze, identify and update any interventions that may reduce risks and hazards to residents. A trending report will be updated on these same days, and the report will be reviewed weekly by the IDT. This data will then be compiled and reported to the Quality Assurance Performance Improvement (QAPI) Committee on a quarterly basis for further review and recommendations. Therefore, all incident reports are being discussed and evaluated daily.</p> <p>REPORTING Administrator recognizes and accepts sole responsibility of ensuring any and all reportable incidents will be reported to State Agency within required times.</p> <p>- Administrator, DON and/or Nursing Supervisor will meet each workday to collaborate on any events needing immediate attention and/or to be reported to QAPI committee.</p> <p>#4 – Monitor To ensure Quality Assurance is maintained, a copy of the facilities Incident Log (Trending Report) will be randomly audited by Quality Assurance Auditor on a monthly basis to ensure compliance of investigations as well as reporting requirements to SA.</p>	<p>3/30/15</p> <p>3/23/15 and Ongoing</p> <p>3/30/15 and Ongoing</p>

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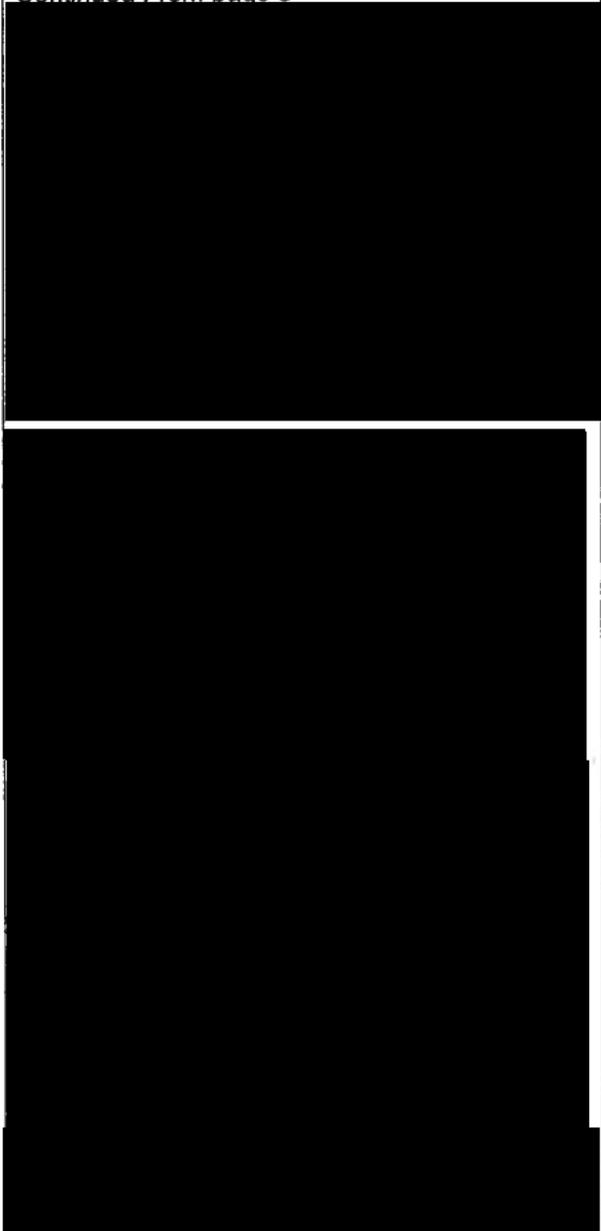
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4 088	Continued From page 2 	4 088		

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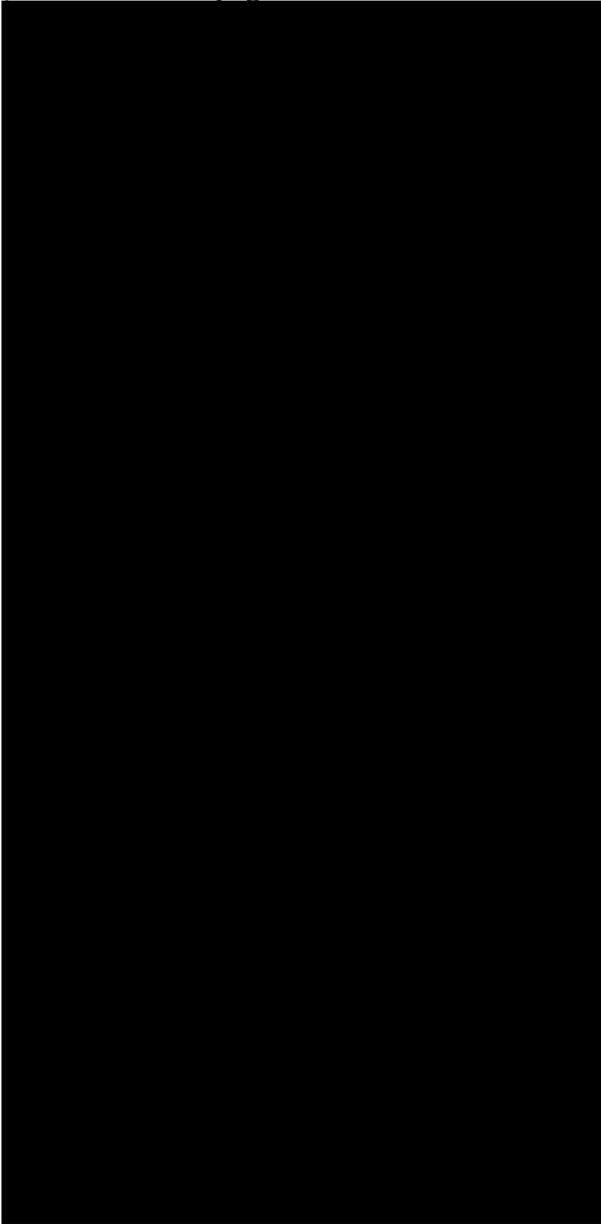
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4 088	Continued From page 3 	4 088		

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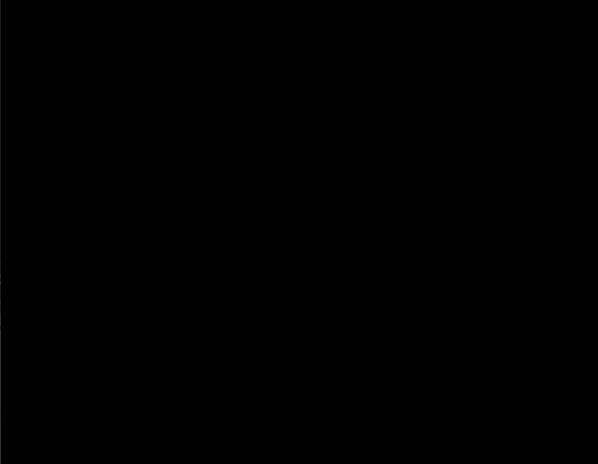
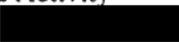
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4 088	Continued From page 4 	4 088		

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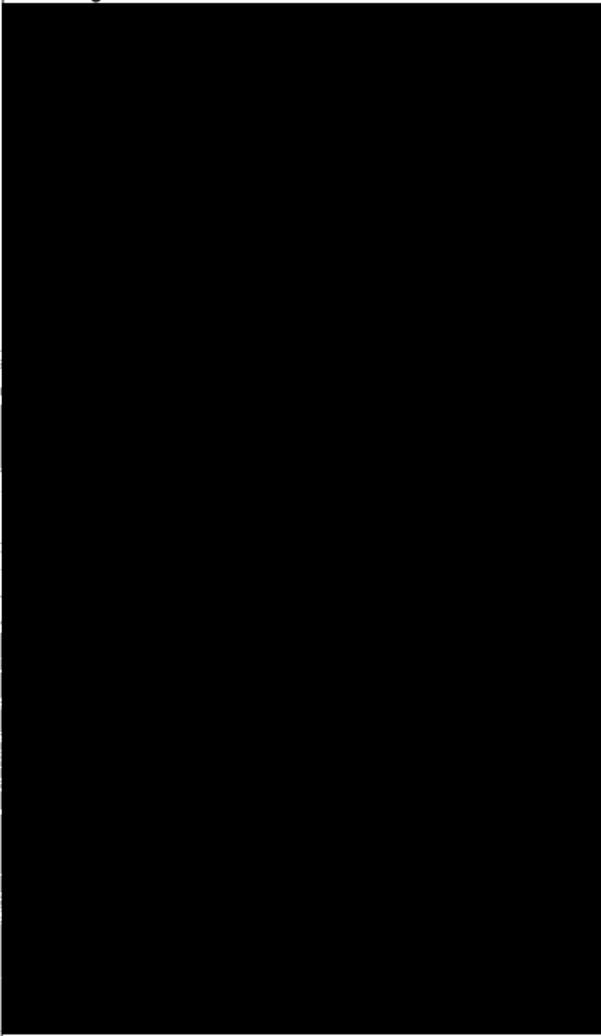
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4 088	Continued From page 5 	4 088		
4 115	<p>11-94.1-27(4) Resident rights and facility practices</p> <p>Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall 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:</p> <p>(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;</p> <p>This Statute is not met as evidenced by: Based on resident interviews, record review, and review of Resident Council meeting minutes, the facility failed to maintain respect and dignity for the residents.</p>	4 115	<p>4 115 - RESIDENT RIGHTS AND FACILITY PRACTICES</p> <p>#1 – Resident After being informed of the concern, the Social Worker and Activity Coordinator met with  on March 11, 2015. Both residents were unable to pinpoint specific staff that were rude and spoke a language other than English and did not respond to call light timely. Both residents were informed that the facility is developing specific plans to prevent similar situations from recurring through facility-wide staff education, staff counseling and/or disciplinary action on an ongoing basis with continued monitoring and analyzing.</p>	03/11/15

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4 115	Continued From page 6 Findings include: 	4 115	<p>#2 – Other Residents All residents are at risk of this potential deficient practice.</p> <p>#3 – Systemic Changes Resident council members will be informed at the next resident council meeting that corrective actions are being planned and implemented to ensure that staff do not speak a language other than English (unless requested by resident and appropriate care plan is in place) and ongoing evaluation and monitoring will take place.</p> <p>Staff Education will be done for employees of all departments to review this deficient practice on speaking a language other than English, treating residents with dignity and respect, and answering call lights in a timely manner. Failure to comply with policies and procedures will result in disciplinary action.</p> <p>Director of Social Services and Activity Coordinator developed a resident interview questionnaire on 3-10-2015 focusing on questions directly from the CMS "Resident Interview and Resident Observation Form". All residents that score 12 or higher on the BIMS assessment will be interviewed by 3-30-2015. Results of resident</p>	3/30/15 and Ongoing

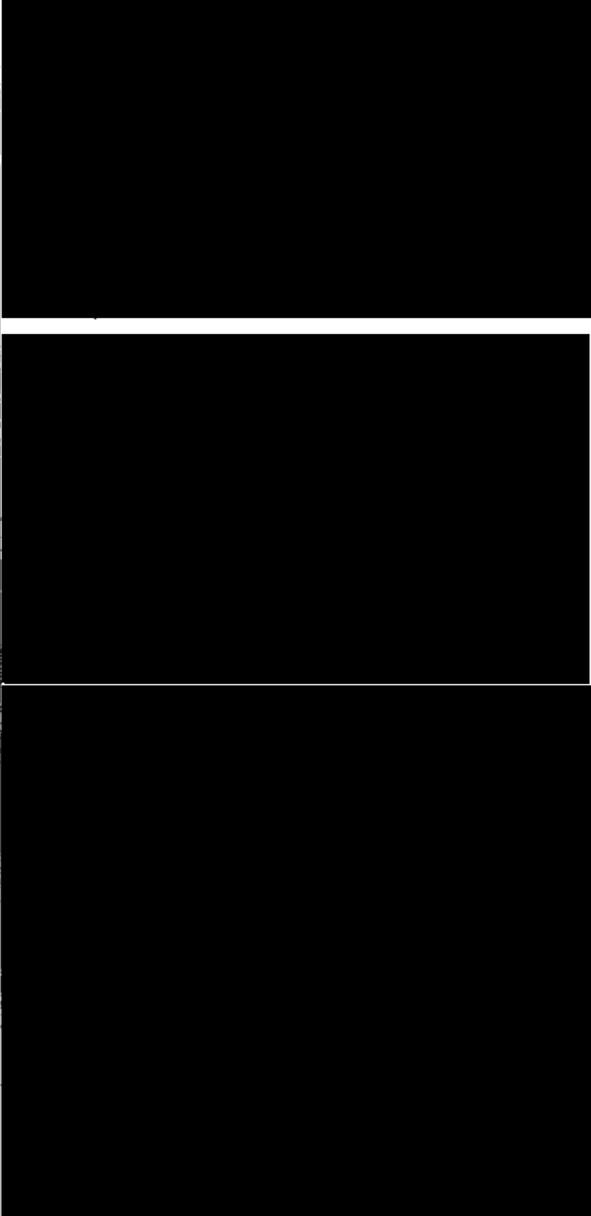
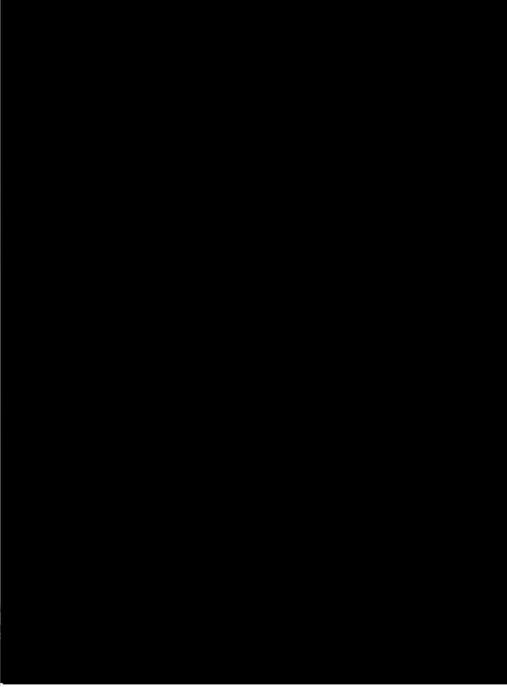
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4 115	Continued From page 7 	4 115	responses will be forwarded to the employee's respective supervisor for follow up as needed. A monitoring tool will be developed to randomly audit noise level, language spoken and response to call lights by the IDT members. Results of this audit will be discussed weekly in the IDT meetings to ensure needed follow-up by respective supervisor. Audit will be done quarterly for one year and every 6 months the next year.	3/30/15 and Ongoing
4 130	11-94.1-29(a) Resident abuse, neglect, and misappropriation (a) The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This Statute is not met as evidenced by: Based on observations, residents and staff interviews, record review, and review of the facility policy and procedures, the facility failed to ensure the safety of their residents so that each resident receives adequate supervision and assistance devices to prevent accidents for 2 of the 3 residents investigated for accidents  in the Stage 2 sample of 38 residents; resulting in an Immediate Jeopardy (IJ) for one resident  . Finding includes: 	4 130	#4 - Monitor The resident interviews and random unit audits will be done quarterly for (1) year then every (6) months thereafter. The results of the resident questionnaire and follow-up will be discussed and analyzed at the quarterly QAPI meetings, as well as updates to resident council and staff . At each Resident council meeting, members will be asked to provide feedback regarding staff speaking English and IDT will ensure that follow-up action is done by respective supervisor to prevent the same deficient practice.	3/30/15 and Ongoing 3/23/15 and ongoing 3/30/15 and ongoing

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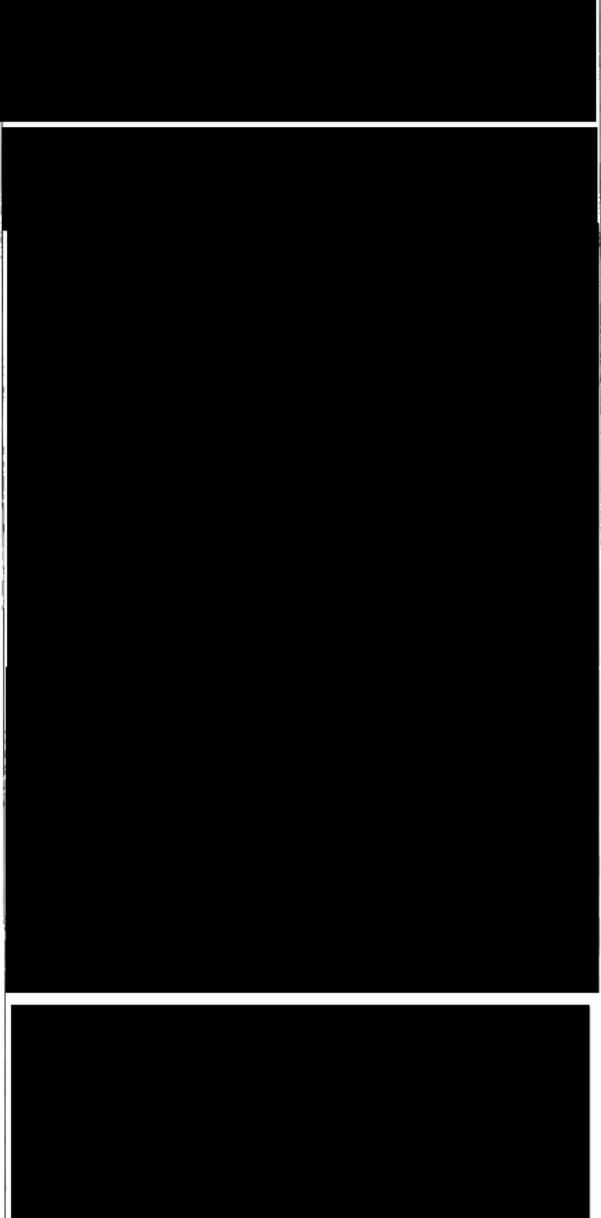
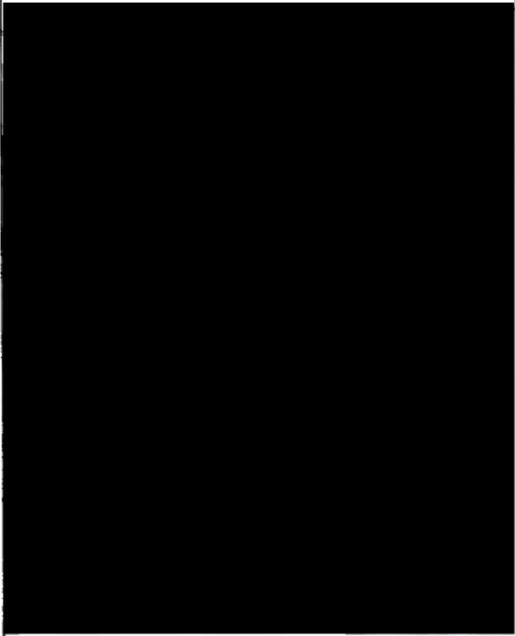
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4 130	Continued From page 8 	4 130	4 130 RESIDENT ABUSE, NEGLECT, AND MISAPPROPRIATION #1 – Resident  ADL sheets, care plan and care card were reviewed on 2/11/15 by Charge Nurse. It was confirmed that these documents indicated a 2 person transfer with mechanical lift. FS re-educated all unit staff on the importance of reviewing care plans and ADL sheets on a daily basis on 2/11/15. FS counseled the involved MDS nurse on using documentation available in the	2/23/15

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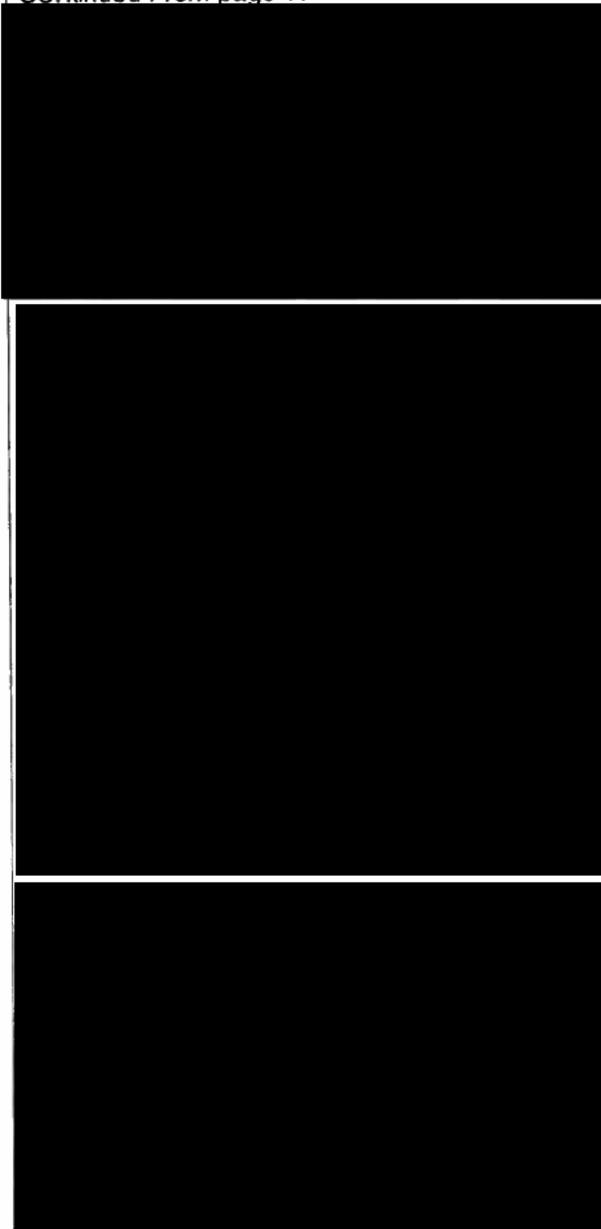
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4 130	Continued From page 9 	4 130	<p>record to code accurately.</p> <p> re-educated all LN  on the importance of updating care plans with new interventions, every time a change to the plan of care has been made, or in the event that a hazardous event has occurred, as well as the importance of ensuring that all interventions listed on the care plan are active.</p> <p> re-educated all C.N.A.'s on the importance of checking the care card and the ADL sheets, on a daily basis to ensure that assistive devices are in place, as well as ensuring that the plan of care is followed.</p> 	<p>2/11/15</p> <p>2/13/15</p> <p>2/13/15</p>

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4 130	Continued From page 11 	4 130	<p>assess resident needs.</p> <p>#2 – Other Residents</p> <p>All residents who are on psychotropic medications and diuretic meds are assessed and care plan updated.</p>  <p>Residents manifesting wandering behavior will be considered to be at risk for wandering/elopement. Residents with Secion E and V of the MDS 3.0 triggered will be determined as potential wanderer/elopement risk resident. Residents that have an incident report completed or an incident investigated will have specific interventions put into place as well as immediate update to related care plans.</p> <p>All residents determined to be at risk for falls will be placed on the “at risk for fall” protocol.</p> <p>#3 – Systemic Changes</p> <p>Develop a C.N.A endorsement form,</p>	2/13/15 and Ongoing

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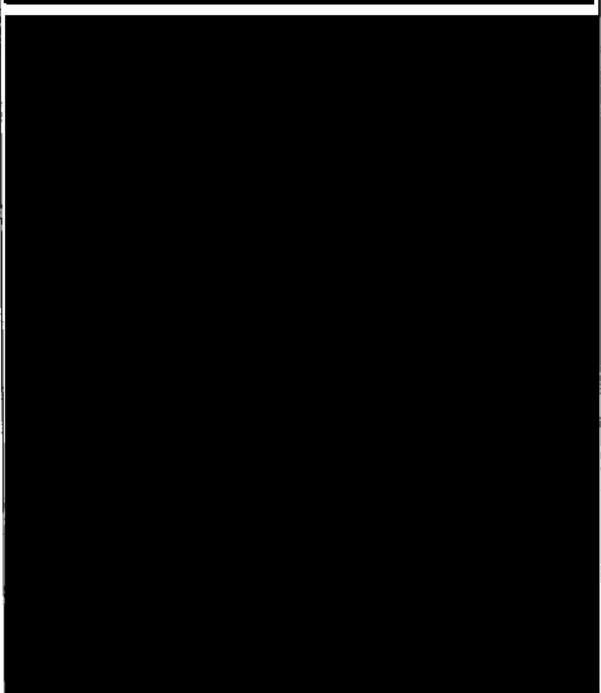
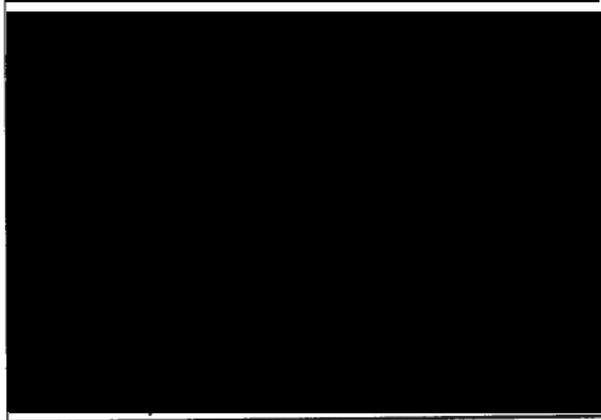
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4 130	Continued From page 12 	4 130	<p>which will provide specifics about the resident's care needs C.N.A. will complete an endorsement form that will be signed by the outgoing as well as the incoming C.N.A. The form will include information on assistive devices, safety devices, as well as transfer needs . The completed form will be kept in a C.N.A endorsement binder, which will be made available to all nurses completing the MDS.</p> <p>In-service IDT involved in care planning on proper documentation and revision of care plans.</p> <p>-Reeducation for all staff on the specifics of the currently established fall protocol.</p> <p>Residents that have an incident of accident or hazardous situation, will be identified in an Incident/ Investigation form, that will be found in an "Event" binder that will provide step-by-step instructions on what will need to be completed for each specific type of incident. New incident report form to include resident participation to determine new interventions will be developed and implemented on 03/23/2015 after staff education is completed. This form will include a step-by-step guide to investigate an event for a root-cause.</p> <p>The new incident report and incident</p>	<p>3/30/15</p> <p>3/30/15</p> <p>3/30/15</p> <p>3/30/15</p>

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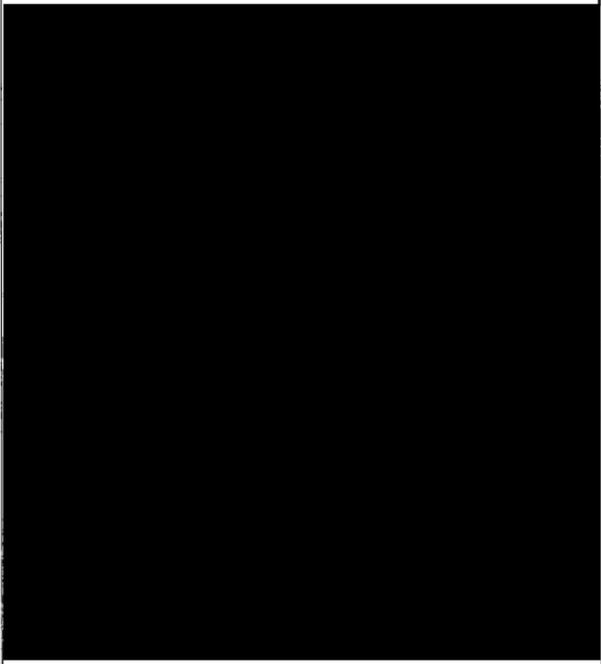
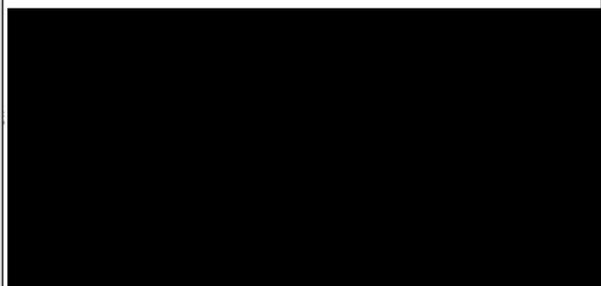
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4 130	Continued From page 13   	4 130	<p>investigation will be maintained in a binder that will be specific to events only. This binder will provide information on every step that will need to be completed for that specific event (i.e. Contact family, update the care plan, update the behavioral monitoring sheet, investigate the resident etc.)</p> <p>#4 – Monitor</p> <p>Nursing supervisors will monitor the completion of endorsement forms, as well as acknowledgement signatures by C.N.A., on a daily basis, for 30 days once forms are implemented. The QAA will perform random audits on compliance thereafter.</p> <p>Nursing supervisors will assess for completion of the event report form after the end of every investigation. They will audit for related changes in the care plan, as well as track specific incidences of improperly completed investigation forms. Immediate remediation will be performed with the involved employee. Data collected by the nursing supervisor about incomplete incident investigation reports, will be presented at scheduled QAPI meetings.</p> <p>Using the incident investigation form, the nursing supervisor will ensure that appropriate changes to the care plan have been made. MDS nurses will also</p>	<p>3/30/15 and ongoing</p> <p>3/30/15 and ongoing</p> <p>3/30/15 and ongoing</p>

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4 130	Continued From page 14   	4 130	review care plans with scheduled MDS assessments. LN review care plans during the care conferences. During quality care conference meetings, the need for safety devices are reviewed. All staff will be in-serviced regarding the use of the new incident report. Each incident will be discussed in IDT meeting to ensure investigations are in progress as needed, completion thereof, and to analyze, identify and update any interventions that may reduce risks and hazards to residents. A trending report will be updated on these same days, and the report will be reviewed weekly by the IDT. This data will then be compiled and reported to the QAPI Committee further review and recommendation.	3/30/15 3/30/15 3/30/15

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2015
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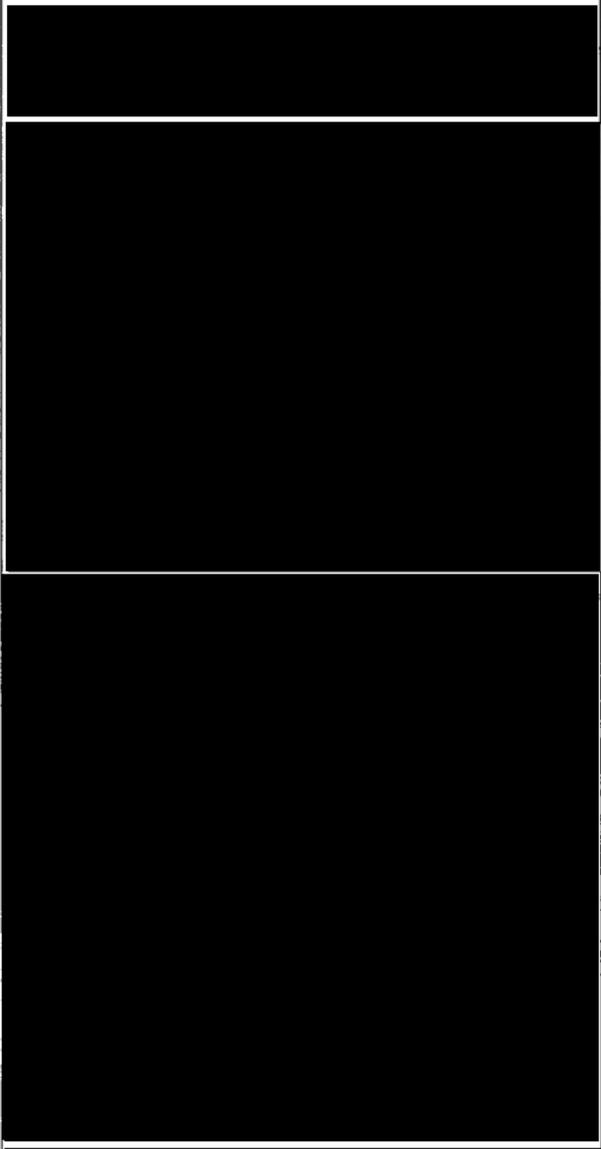
NAME OF PROVIDER OR SUPPLIER PEARL CITY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 919 LEHUA AVENUE PEARL CITY, HI 96782
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4 130	Continued From page 15 	4 130		

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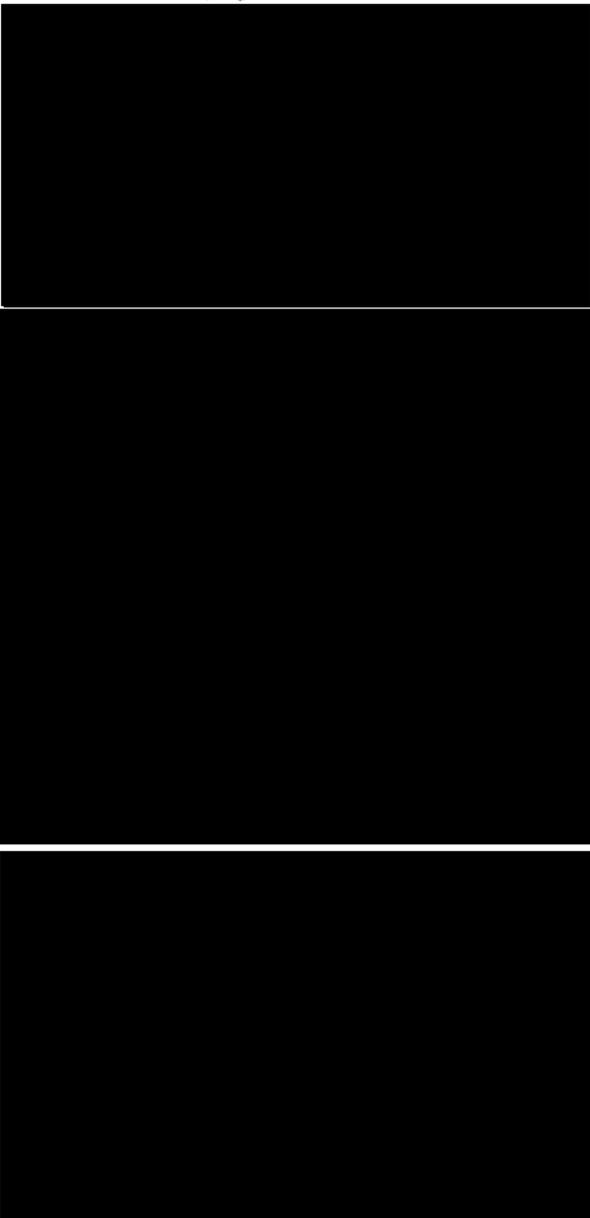
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4 130	Continued From page 16 	4 130		

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4 130	Continued From page 17 	4 130		

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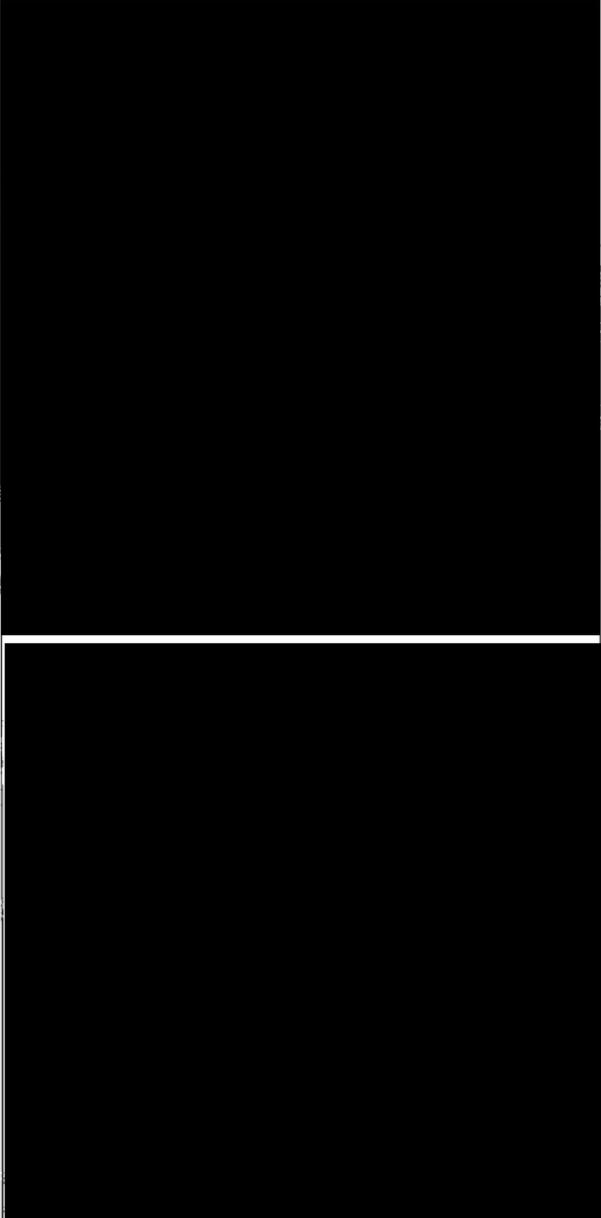
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4 130	Continued From page 18 	4 130		

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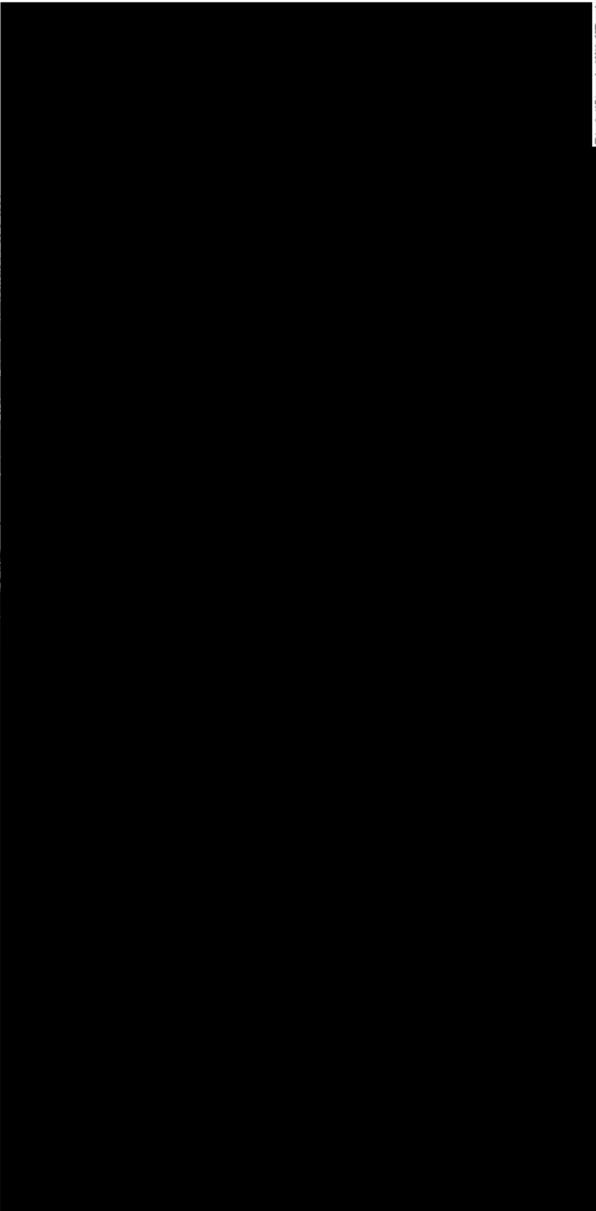
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4 130	Continued From page 19 	4 130		

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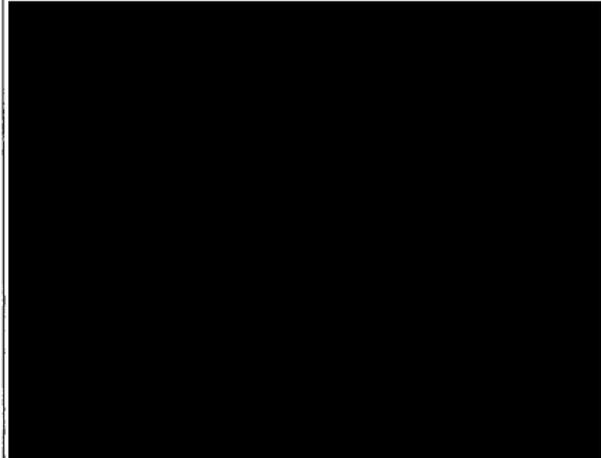
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4 130	Continued From page 20 	4 130		

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4 130	Continued From page 21   	4 130		

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4 130	<p>Continued From page 22</p> <div style="background-color: black; height: 150px; width: 100%;"></div> <p>The facility did not ensure a thorough analysis of the resident's falls. [REDACTED] care plan interventions were updated to prevent future falls.</p> <div style="background-color: black; height: 150px; width: 100%;"></div> <p>3) On 02/13/2015 at 9:35 AM An interview with the DON, Administrator (ADM) and Quality Assurance Auditor (QA) when asked about reporting of [REDACTED] fall to the state surveyors office the DON stated, "I assumed the Administration would submit a report (to the State agency) and [REDACTED] thought I would do the report." There was no follow up with ADM or DON if the fall was reported to the State Agency. The report of the fall was never filed to the state agency at the time of the survey.</p>	4 130		
4 131	11-94.1-29(b) Resident abuse, neglect, and misappropriation	4 131		

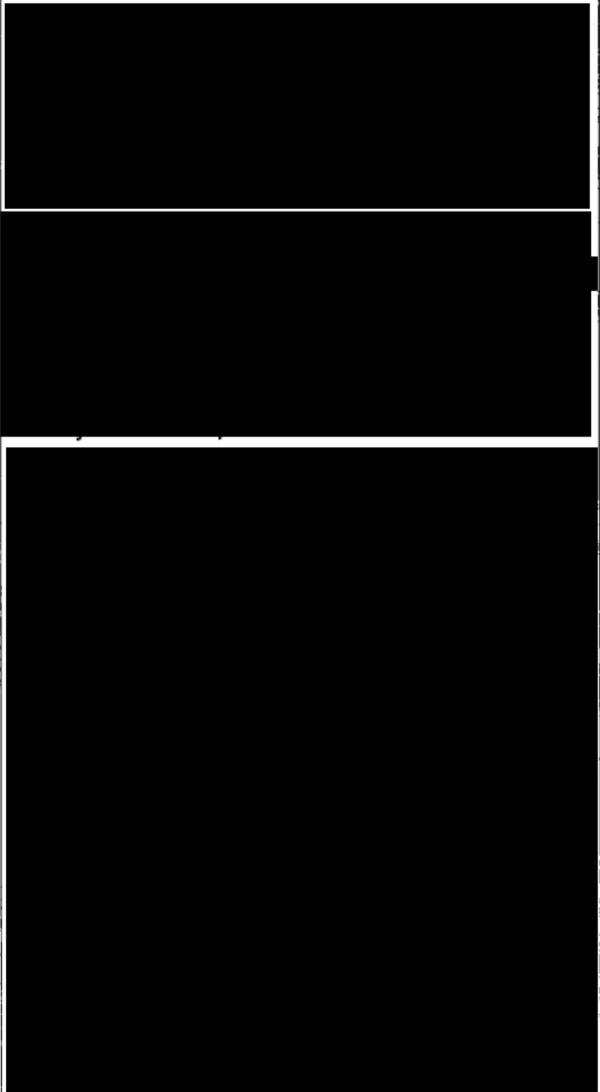
Hawaii Dept. of Health, Office of Health Care Assurance

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4 131	Continued From page 23 (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. This Statute is not met as evidenced by: Based on record review, interview with staff members and review of the facility's policy and procedures, at the time of the survey, the facility failed to report alleged violations immediately to the State agency and ensure a thorough investigation was completed for 2 of the 3 residents investigated for falls and elopement in the Stage 2 census sample of 38. Findings include: 1) [REDACTED]	4 131	4 131- RESIDENT ABUSE, NEGLIGENCE AND MISAPPROPRIATION #1 - Resident [REDACTED] fall risks were analyzed and additional interventions (i.e., floor mats on both sides of beds, and a bowel and bladder monitoring) were implemented with the intention of reducing resident's risk of falls and/or injury due to a fall. The initial report for Res [REDACTED] to State Agency (SA) was filed along with the final investigation report on 2/10/15, which was within 5 working days of determining an injury had occurred. [REDACTED] Elopement risks/hazards have been analyzed and interventions have been implemented [REDACTED]	2/13/15 2/10/15 2/20/15
	2) [REDACTED]		[REDACTED] Fall risks and care plans have been reviewed by clinical staff, and determined to be adequate, as indicated by prevention of falls for 9 months to date.	2/20/15

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4 131	Continued From page 24 	4 131	<p>#2 – Other Residents Each resident having a fall or an elopement from facility property requires that a report and investigation be completed in order to: 1) Determine if any violations involving mistreatment, neglect or abuse are identified; 2) Determine root-cause of incident to identify possible interventions that may assist in reducing risks/hazards to the resident.</p> <p>#3 – Systemic Changes INVESTIGATION - A revised Quality Assurance(QA) Incident and Investigation report is being implemented and put in to use by facility after training is completed with licensed nursing staff. These reports will be completed by Licensed Nursing staff immediately upon any required incident, including falls and elopements from property of facility. Each incident will be discussed in an Interdisciplinary Team(IDT) meeting to ensure investigations are in progress as needed, completion thereof, and to analyze, identify and update any interventions that may reduce risks and hazards to residents. A trending report will be updated on these same days, and the report will be reviewed weekly by the IDT. This data will then be compiled and reported to the Quality Assurance Performance Improvement (QAPI) Committee on a quarterly</p>	
4 148	11-94.1-39(a) Nursing services (a) Each facility shall have nursing staff sufficient	4 148		

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4 148	Continued From page 25 in number and qualifications to meet the nursing needs of the residents. There shall be at least one registered nurse at work full-time on the day shift, for eight consecutive hours, seven days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department. This Statute is not met as evidenced by:	4 148	basis for further review and recommendations. REPORTING - Administrator recognizes and accepts sole responsibility of ensuring any and all reportable incidents will be reported to State Agency within required times. DON will carry out reporting requirements in absence of Administrator	
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	#4 - Monitor To ensure Quality Assurance is maintained, the facility's Incident Log (Trending Report) will be randomly audited by the Quality Assurance Auditor on a monthly basis to ensure compliance of investigations as well as reporting requirements to SA	3/30/15

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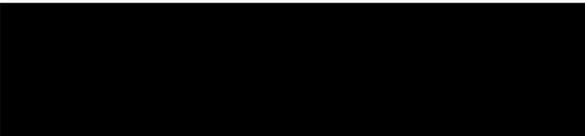
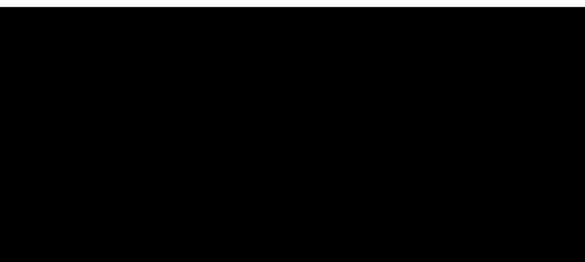
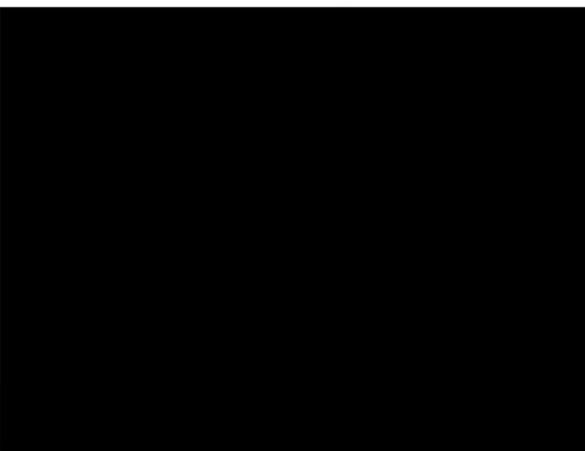
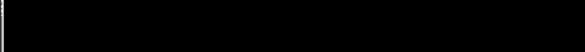
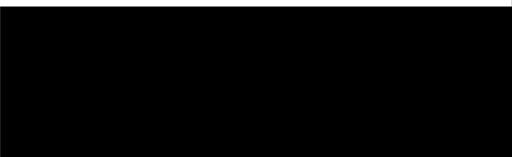
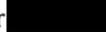
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4 149	<p>Continued From page 26</p> <p>This Statute is not met as evidenced by: Based on observation, resident and staff interviews, and medical record review, the facility failed to revise the care plans and use the results of assessments to develop a care plan to include measurable objectives to meet a resident's medical and nursing needs to maintain their highest practicable physical and psychosocial well-being for 3 residents [REDACTED] of the 15 care plans reviewed in the Stage 2 sample of 38 residents.</p> <p>Findings include:</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	4 149	<p>4 149 - NURSING SERVICES</p> <p>#1 - Resident</p> <p>[REDACTED]</p> <p>[REDACTED] ADL sheets, care plan and care card were reviewed on 2/11/15 by Charge Nurse. It was confirmed that these documents indicated a 2 person transfer with mechanical lift. FS re-educated all [REDACTED] floor unit staff on the importance of reviewing care plans and ADL sheets on a daily basis. FS counseled the involved MDS nurse on using documentation available in the record to ensure accurate coding. FS re-educated all LN on the [REDACTED] floor, on the importance of updating care plans with new interventions, every time a change to the plan of care has been made, or in the event that a hazardous event has occurred and the importance of ensuring that all interventions listed on</p>	2/23/15
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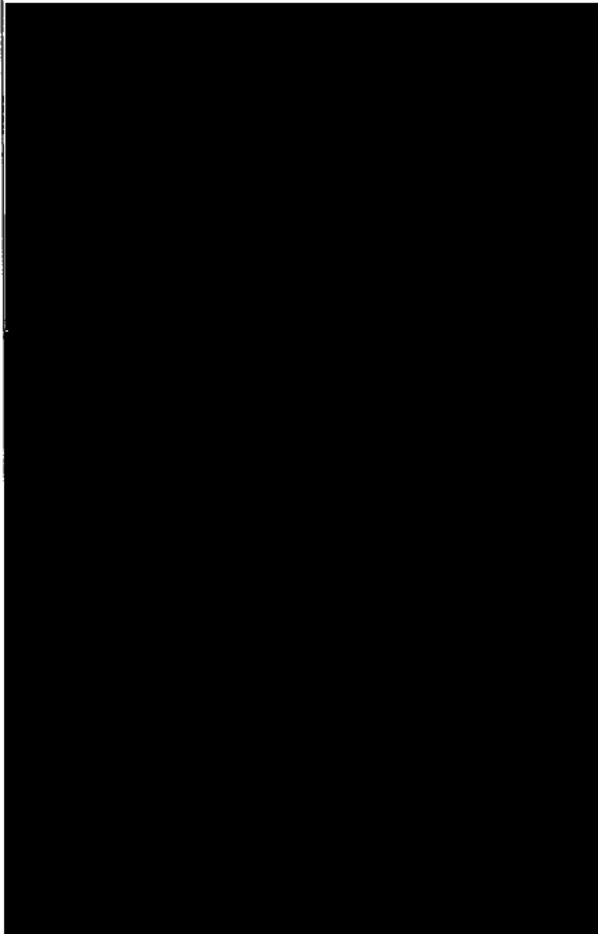
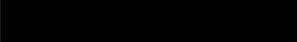
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4 149	Continued From page 27     	4 149	the care plan are active and being performed. FS re-educated all C.N.A's of the importance of checking the care card and the ADL sheets, on a daily basis to ensure that assistive devices are in place, as well as ensuring that the plan of care is followed  FS counseled the involved MDS nurse that completed the assessment for  on ensuring that the care plans are created/ updated based on the MDS assessment as well as using documentation available in the patient records to ensure accurate coding.  FS  counseled all 4th floor staff on	2/23/15 2/11/15 2/11/15 2/12/15

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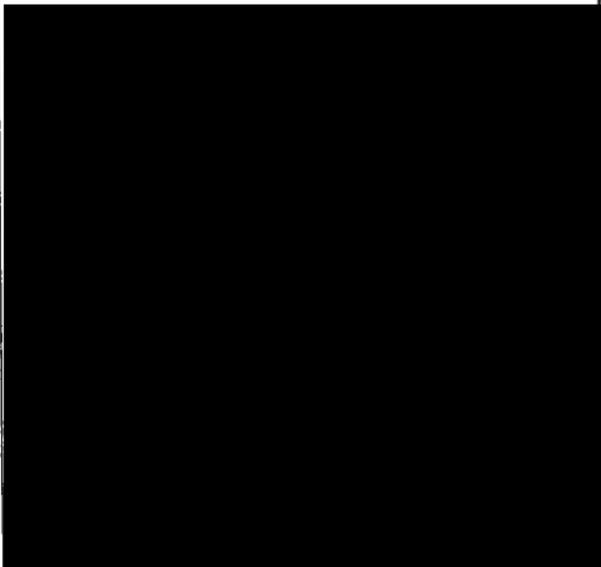
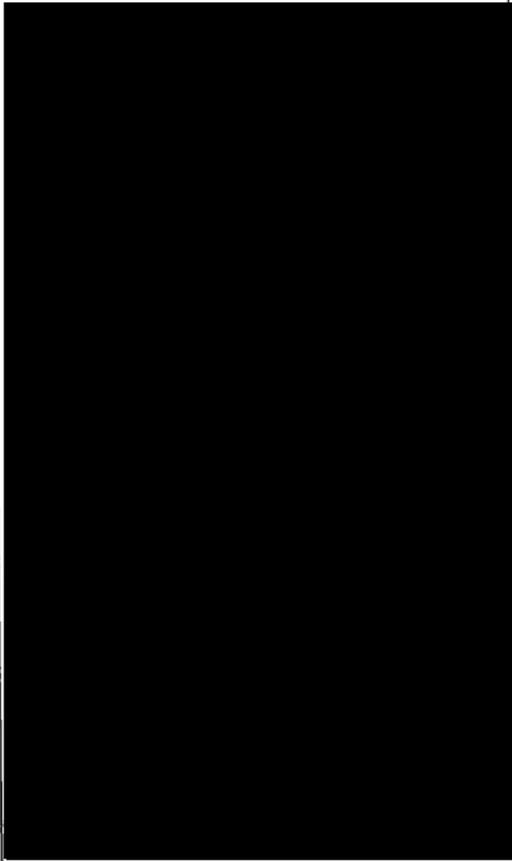
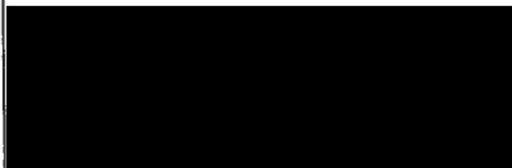
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4 149	Continued From page 28 	4 149	<p>2/23/15, on the importance of non-pharmacological interventions, current psychoactive medications, as well as behaviors to watch for and side effects of the medication </p> <p> In addition to the importance of knowing the reason for administering a prescribed medication, as well as possible side effects associated with this medication</p> <p>#2 – Other Residents</p> <p>Current and future residents manifesting wandering behavior will be considered to be at risk for wandering/elopement and have appropriate care plans initiated.</p> <p>Residents that have an incident report completed or an incident investigated will have specific interventions put into place as well as immediate update to related care plans.</p> <p>All residents who are on psychotropic medications will be assessed and care plan updated. Residents name listed in the psychotropic med list sent by the pharmacy to DON/Supervisor for audits of care plans and complete documentation on all required forms.</p> <p>Audit of current residents who have been triggered by the MDS as having vision impairment will be assessed for</p>	2/23/15

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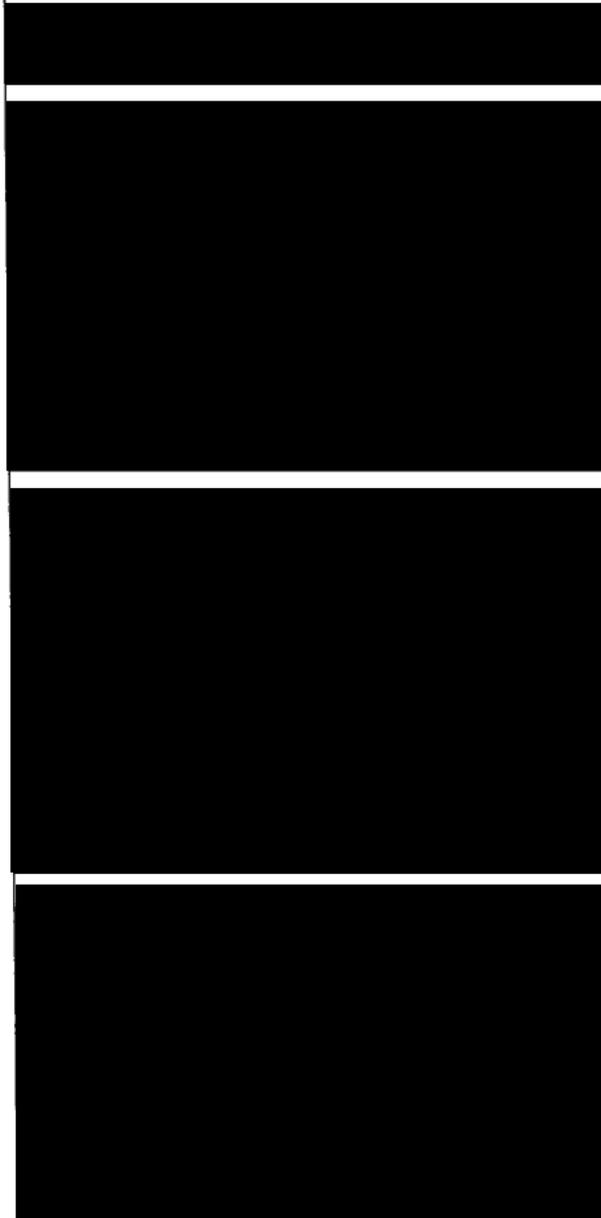
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4 152	Continued From page 31  	4 152	4 152 – NURSING SERVICES #1 – Resident  #2 – Other Residents 	2/23/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/13/2015
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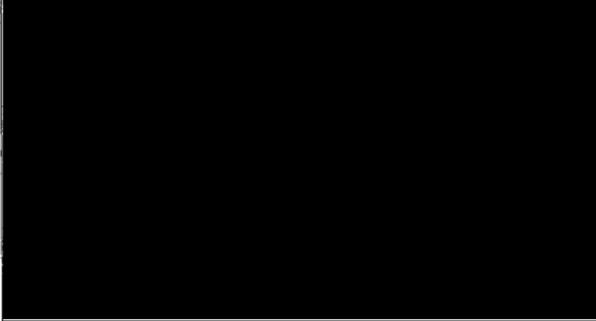
NAME OF PROVIDER OR SUPPLIER PEARL CITY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 919 LEHUA AVENUE PEARL CITY, HI 96782
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4 152	Continued From page 33 	4 152	<p>annotate the completion of this audit, in the comment section on the behavior monitoring sheets. Charge nurses will also document the audit in the IDT notes as well as document the need for care plan changes, in the resident's chart.</p> <p>Care Plan updates are reviewed at the care conference</p> <p>DON will use the monthly list of residents on  medications in the facility, provided by the pharmacy, to audit monthly for proper documentation as well as for the appropriate use of non-pharm interventions.</p>	<p>3/30/15 and Ongoing</p> <p>3/30/15 and Ongoing</p>

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4 152	Continued From page 34 	4 152		
4 195	<p>11-94.1-46(l) Pharmaceutical services</p> <p>(l) All drugs, including drugs that are stored in a refrigerator, shall be kept under lock and key, except when authorized personnel are in attendance. The facility shall be in compliance with all security requirements of federal and state laws as they relate to storerooms and pharmacies.</p> <p>This Statute is not met as evidenced by: Based on observations, staff interviews, and facility policy review, the facility failed to properly store/lock and discard expired medications.</p> <p>Findings include:</p>  	4 195	<p>4 195 PHARMACEUTICAL SERVICES</p> <p>#1 – Resident</p> <p>Hazardous items in the broken treatment cart were secured in a locked cart on 2/9/15. Involved staff members were counseled by the FS, on the importance of securing prescribed meds, not to leave any medication unattended on 2/13/15. The treatment cart was replaced with a functioning cart on 2/17/15.</p> <p>Prescribed medication will only be accessible to LN staff.</p> <p>Nurses on the units where expired medications were found, were counseled on the importance of checking all medications for expiration on the assigned day by FS on 2/13/15. Expired medications were discarded.</p> <p>#2 – Other Residents</p> <p>All residents with prescribed medications are at risk.</p> <p>#3 – Systemic Changes</p>	<p>2/17/15</p> <p>3/17/15</p> <p>2/13/15</p>

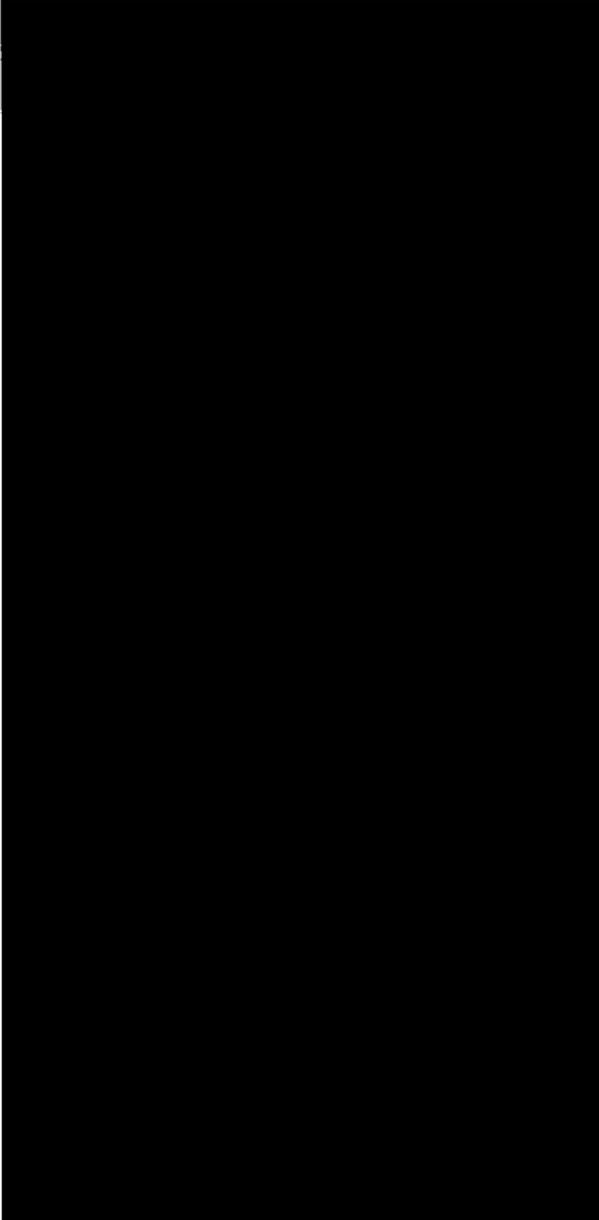
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

PEARL CITY NURSING HOME

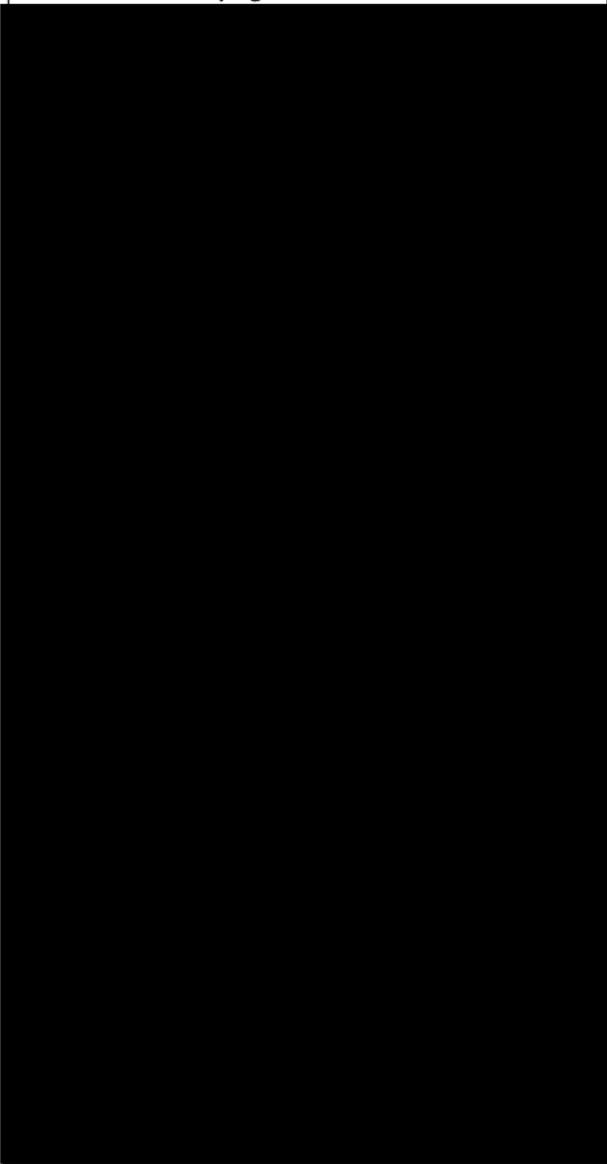
919 LEHUA AVENUE
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4 195	Continued From page 35 	4 195	<p>Medications provided by outside pharmacies will be reviewed for appropriate labeling, absence of tampering, and the expiration date of the Resident medications, upon arrival to the facility.</p> <p>All licensed staff will be have in-service on importance of securing all medications and on the expectation to perform a thorough weekly medication audit to include low stock and expiration dates</p> <p>#4 – Monitor</p> <p>LN will audit 100% of meds for expiration dates on a weekly basis for 4 weeks, then randomly on a quarterly basis.</p> <p>Pharmacy personnel will continue to visit the facility on a quarterly basis, to check medication supplies for proper labeling, storing and expiration dates. Pharmacy personnel will continue visit the facility monthly to observe licensed staff completing med pass. The findings of these visits will be reported in QAPI meetings.</p> <p>Nursing Managers will perform random observations during daily rounds to ensure compliance with properly securing medications for 3 months and then randomly thereafter.</p>	<p>3/30/15 and Ongoing</p> <p>3/30/15</p> <p>3/30/15 and ongoing</p> <p>3/30/15 and Ongoing</p> <p>3/23/15 and Ongoing</p>

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4 195	Continued From page 36 	4 195		

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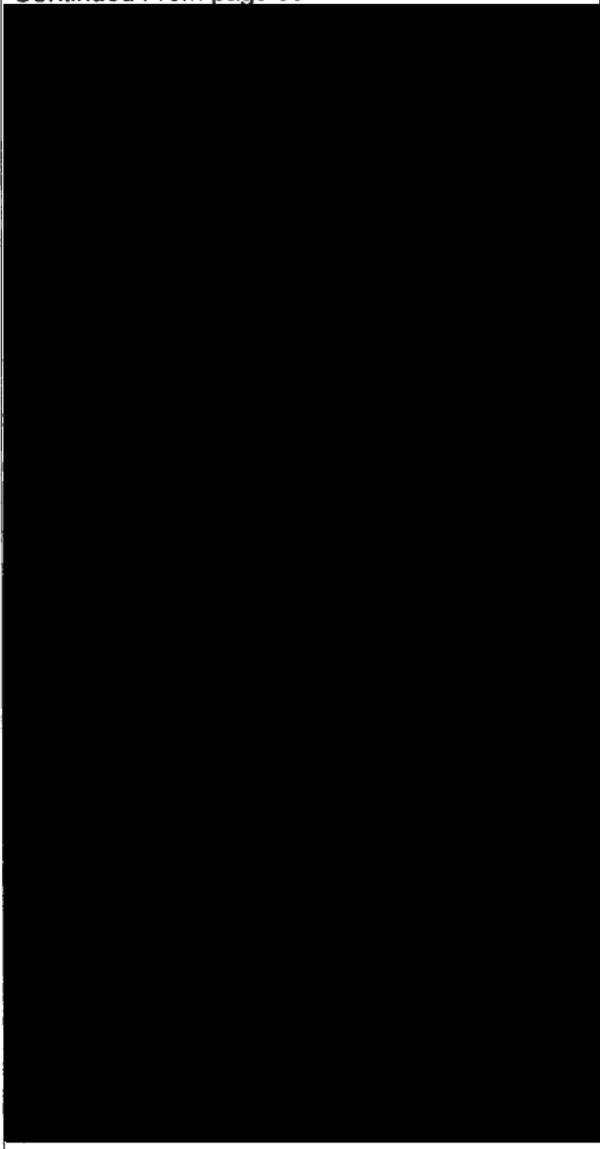
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4 203	Continued From page 37	4 203	4 203 INFECTION CONTROL	
4 203	<p>11-94.1-53(a) Infection control</p> <p>(a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste.</p> <p>This Statute is not met as evidenced by: Based on staff interview and observation the facility failed to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment that will ensure reusable equipment is appropriately cleaned, disinfected, or reprocessed.</p> <p>Findings include</p> <div style="background-color: black; height: 100px; width: 100%;"></div>	4 203	<p>#1 – Resident</p> <p>The table top where [REDACTED] had been seated was sanitized immediately after the concern was identified on 2/9/15.</p> <div style="background-color: black; height: 100px; width: 100%;"></div> <p>Involved staff that were not aware of contact time for cleaning solution were counseled and re-educated on how to use current disinfectants on 2/13/15. Immediate research was performed for the replacement of Morning Mist with another form of disinfectant with a less contact time</p> <p>Involved staff that were not properly using PPE, were counseled and re-educated on 2/11/15.</p> <p>#2 – Other Residents</p> <p>All current and new residents will be assessed for infections and placed on the appropriate precautions.</p>	<p>2/23/15</p> <p>2/10/15</p> <p>2/11/15</p> <p>2/13/15 and Ongoing</p>

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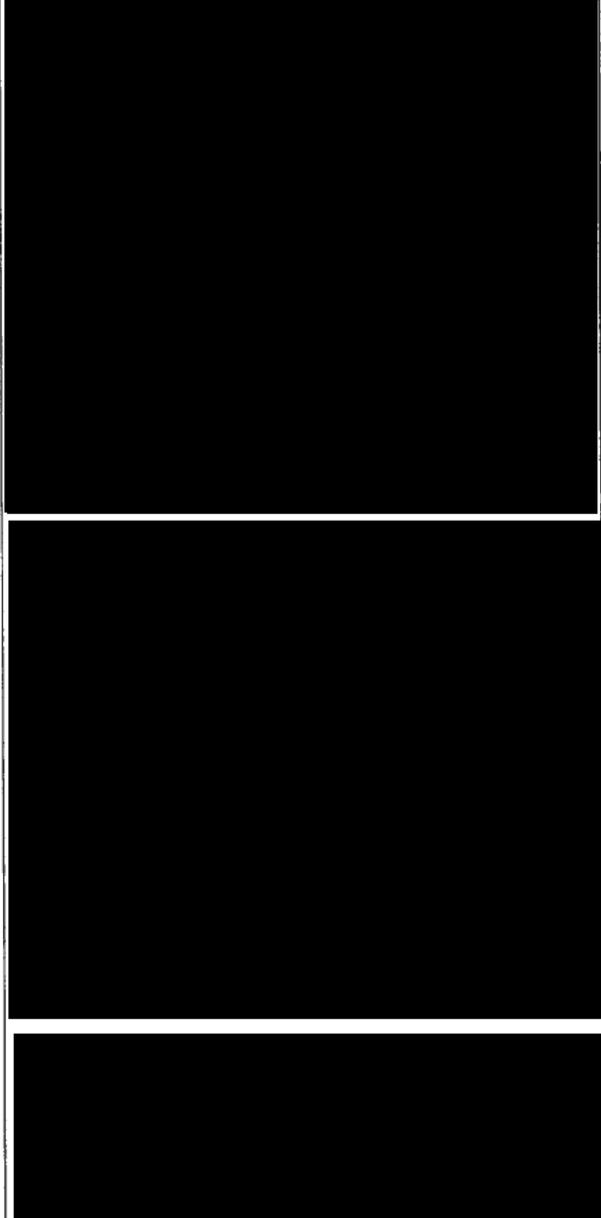
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4 203	Continued From page 38 	4 203	<p>#3 – Systemic Changes</p> <p>All staff will be retrained on the use of new disinfectant and other cleaning products and procedures.</p> <p>Re-educate, with involvement of facility's Infection Control Consultant, all staff on the proper use of PPEs, the prevention of cross-contamination, disinfection processes, understanding of infection control precautions, as well as available disinfectants and the "stay" time required for each, for appropriate decontamination. This education will be provided to all new employees during orientation, and during the annual competency reviews.</p> <p>In-service all staff on the need to disinfect all shared surfaces utilized by res. on contact isolation precautions.</p> <p>LN will assess daily, residents that are on infection control precautions. Those residents that cannot leave their room due to spread of infection concerns will be identified. This list will be provided to C.N.A.'s by way of assignment sheets. This information will be endorsed from C.N.A. to C.N.A. at change of shift, and will be documented on the C.N.A endorsement log.</p>	<p>3/19/15 and Ongoing</p> <p>3/30/15 and Ongoing</p> <p>3/30/15 and Ongoing</p> <p>3/30/15 and Ongoing</p>

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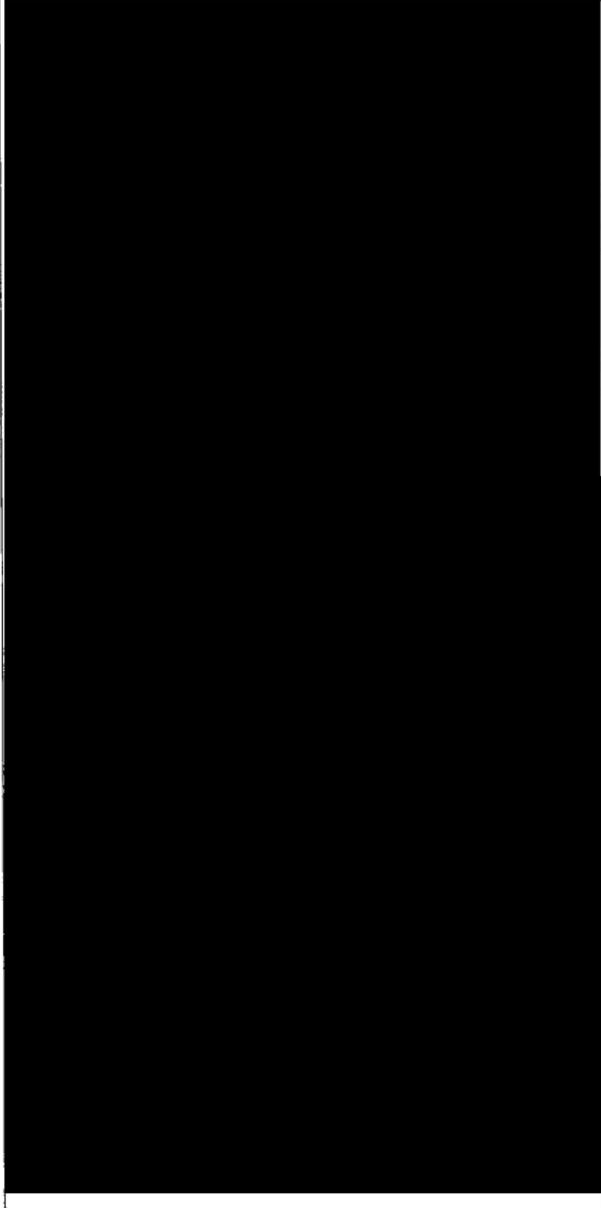
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4 203	Continued From page 39 	4 203	#4 – Monitor Nursing Managers and staff educator will develop an audit tool to monitor staff compliance and conduct random observations on adherence to proper isolation precautions including disinfection procedures and the use of PPEs daily for 30 days, and then randomly thereafter.	3/30/15 and Ongoing

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4 203	Continued From page 40 	4 203		

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4 203	Continued From page 41 	4 203		