

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2015
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NAME OF PROVIDER OR SUPPLIER SAMUEL MAHELONA MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4800 KAWAIHAU ROAD KAPAA, HI 96746
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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
4 000	11-94.1 Initial Comments A re-licensing survey was completed for this facility from 10/12/2015 through 10/16/2015.	4 000	This is an AMENDED submission.	11/13/15
4 114	11-94.1-27(3) 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: (3) The right to be fully informed, both orally and in writing in a language understood by the resident, or in a manner that allows for the resident's understanding, of the resident's rights and all rules and regulations governing resident conduct and responsibilities; This Statute is not met as evidenced by: Based on resident and social worker interviews, along with observations, the facility failed to periodically review resident rights and rules with the residents. Additionally, the facility did not have the State Survey and certification office contact information in an easily accessible area for residents. Findings include: 	4 114		

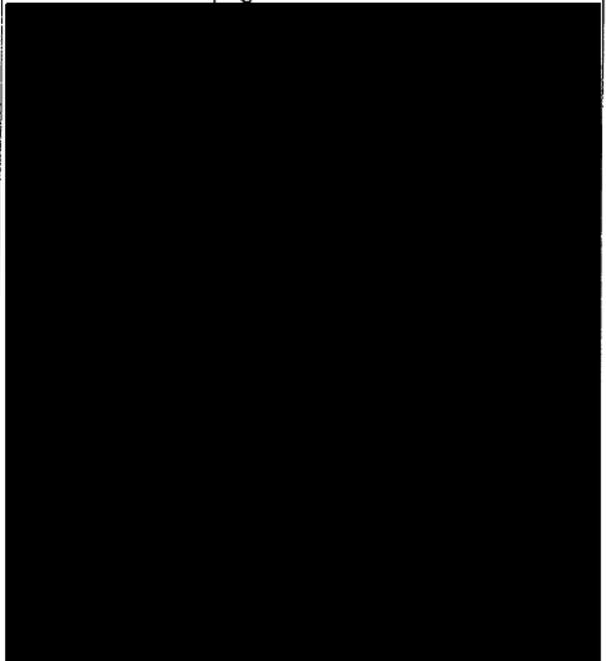
Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE 	TITLE Hospital Administrator	(X6) DATE 11/13/2015
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11.18.15 FAX to LT (66)

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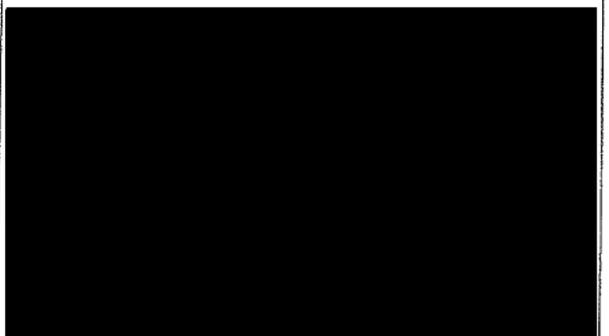
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4 114	Continued From page 1 	4 114	4 114 The Resident's Rights In-Service will be conducted at the next scheduled Resident's Council meeting. Thereafter, Resident's Rights In-Service will be held twice a year. The In-Service will focus on resident's rights to contact outside agencies to file a complaint and where to find this information. Health Stream online In-Service on Communication with Patients, Residents & Clients assigned to Long Term Care (LTC) caregivers; 80.0% completed as of 11/3/15; goal = 90% by 11/30/15. The Resident's bulletin boards at the nursing station 1 and 2 have the contact information to call Office of Health Care Assurance (OHCA) and other regulatory agencies to file a complaint concerning abuse, neglect, and misappropriation of resident's property done 10/16/15.	11/30/15 11/30/15
4 115	11-94.1-27(4) 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: (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;	4 115	SW will report to Hospital Performance Improvement Committee (HPIC) X 2 quarters.	11/06/15

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4 160	Continued From page 4 	4 160		
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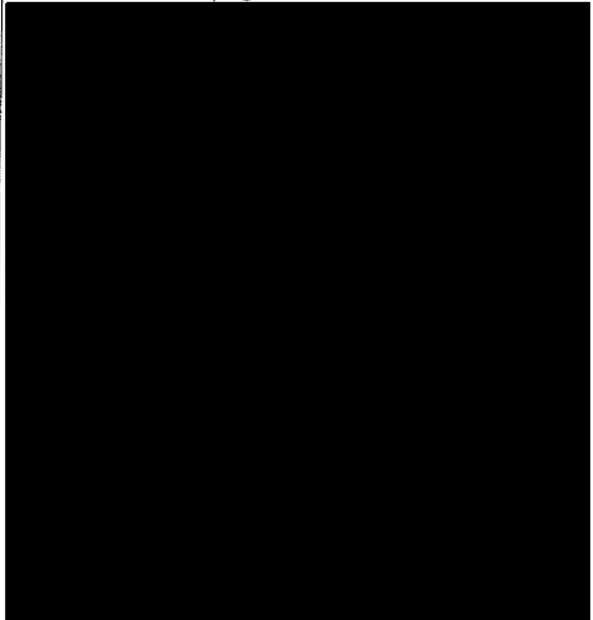
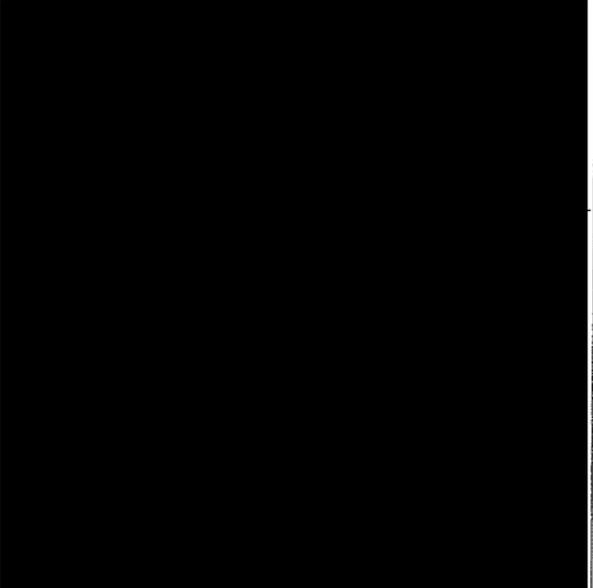
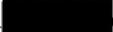
4 175	<p>11-94.1-43(c) Interdisciplinary care process</p> <p>(c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care, and as necessitated by changes in the resident's condition.</p> <p>This Statute is not met as evidenced by: Based on observation, record reviews, and staff interviews, the facility failed to revise/update a care plan for 1 of 19 residents in the Stage 2 sample list.</p> <p>Findings include: </p>	4 175		
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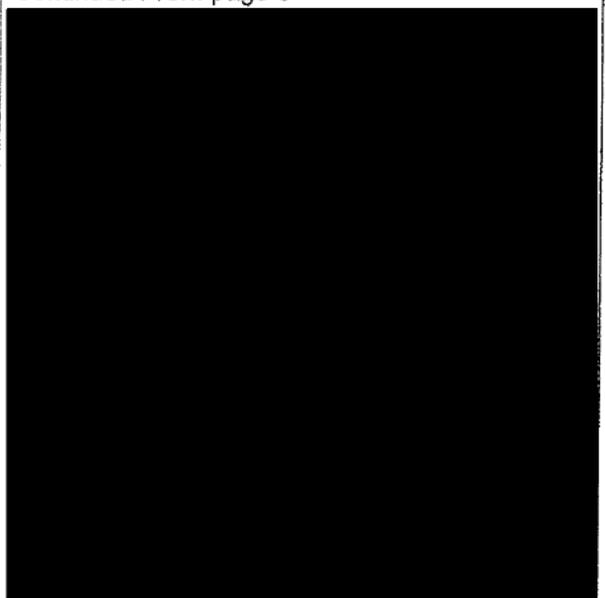
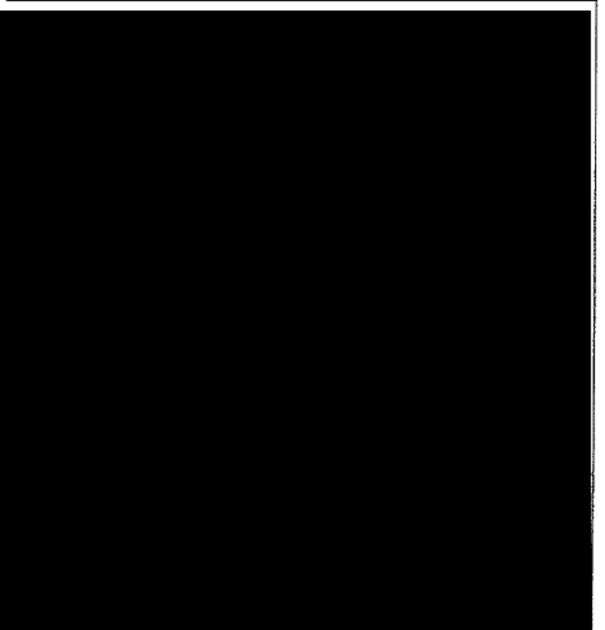
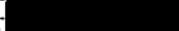
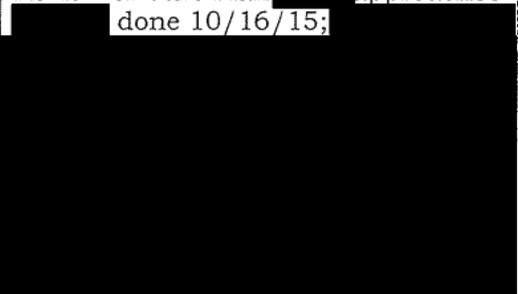
4 175	Continued From page 5  	4 175	4 175 Physical Therapy (PT) re-evaluation was completed  on 10/14/15. PT staff will work with Resident Assessment Instrument (RAI) Coordinator and RAI team to identify residents needing annual re-evaluations. Residents who are scheduled for annual re-evaluations will be scheduled on electronic calendar which will facilitate as reminder. RAI team conferences assist with PT evaluation reminders. PT will report to HPIC X 2 quarters.	11/06/16
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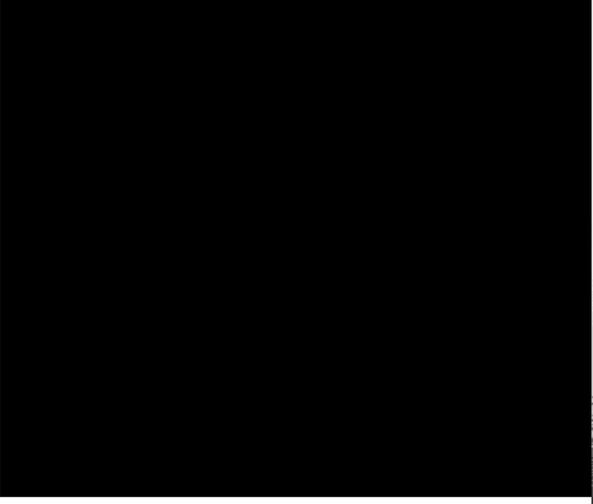
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4 175	Continued From page 6  	4 175	<p>4 175 Resident Assessment Instrument (RAI) Coordinator or designee to report observation of implementation of care plan approach (s) for  and other residents with contractures to Hospital Performance Improvement Committee (HPIC) X 2 quarters to begin November 6, 2015 and to Nursing Performance Improvement Committee (NPIC) monthly X 3.</p> <p>PT re-evaluation  done on 10/14/15.</p> <p>OT re-evaluation  done.</p> <p>Review of Care Plan  approaches done 10/16/15;</p> 	<p>HPIC 11/06/15</p> <p>NPIC 11/17/15</p> <p>10/20/15</p> <p>11/03/15</p> <p>10/19/15</p>
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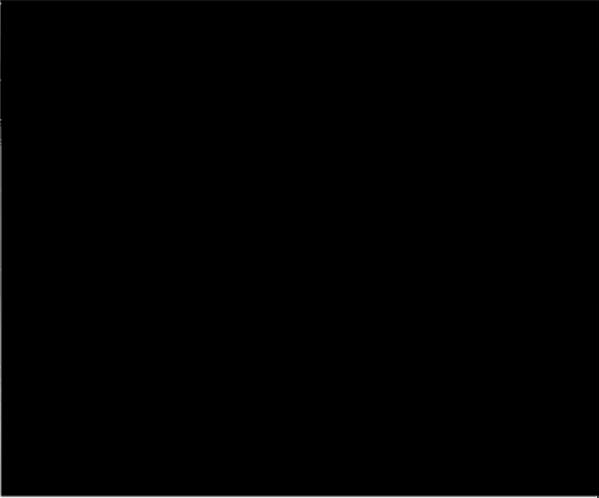
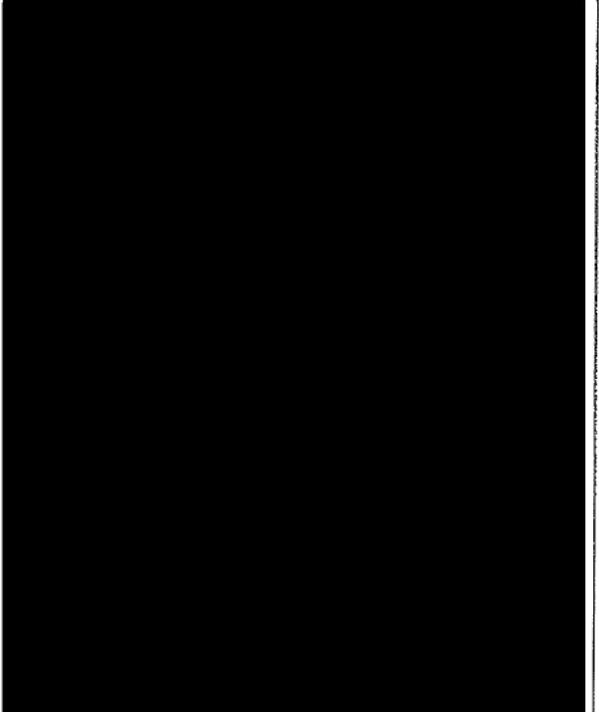
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4 175	Continued From page 7 	4 175		
4 194	<p>11-94.1-46(k) Pharmaceutical services</p> <p>(k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interviews, and policy review, the facility failed to: store all drugs and biologicals in locked compartments in accordance with State and Federal laws, and permit only authorized personnel to have access to the keys; provide separately locked, permanently affixed compartments for storage of controlled drugs; and provide for the safe and secure storage of medications.</p> <p>Findings Include: </p>	4 194	<p>4 194; 1. Refrigerator moved to a locked room. Ordered lock box for interior of refrigerator on 10/28/15. Maintenance to install. The refrigerator will be located back to Nursing Station One after lock installed by maintenance. The Director of Nursing (DON) or designee will monitor compliance and report to HPIC X 2 quarters.</p>	<p>10/23/15</p> <p>Expected date 11/09/15</p>

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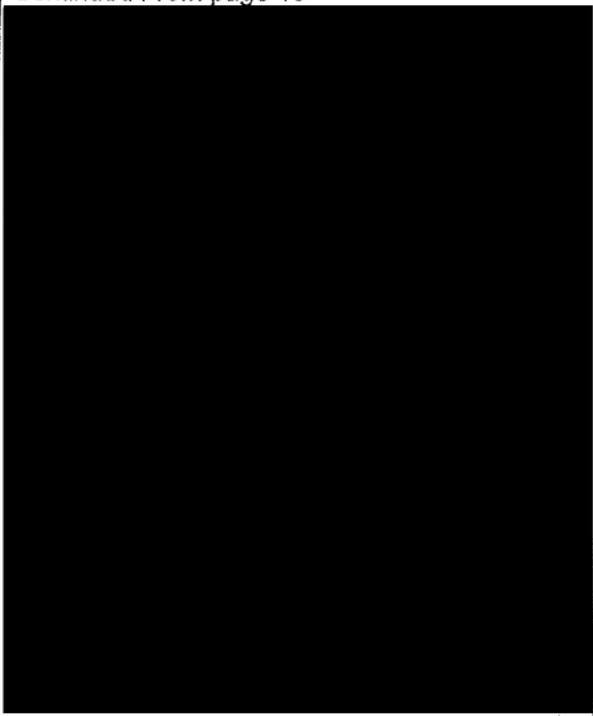
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4 194	Continued From page 9  	4 194	4 194; 5. Crash cart relocated to a locked room at Station One. Pharmacist did inventory of medications, checked for expired medications, to assure all medications accounted for date: 10/23/15. Plastic wrap on medications intact.	10/21/15

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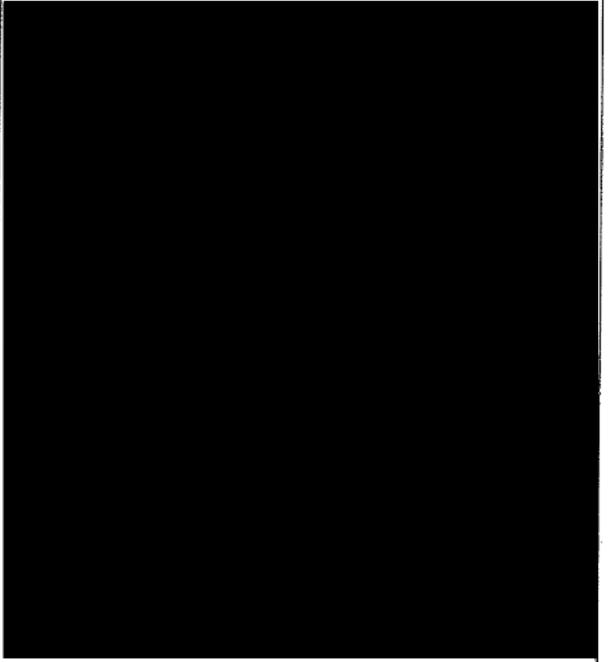
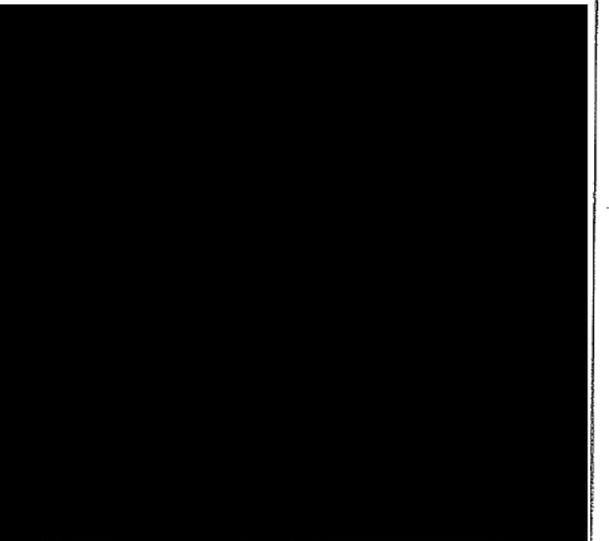
4 194	Continued From page 10 	4 194		
4 195	11-94.1-46(l) Pharmaceutical services (l) All drugs, including drugs that are stored in a refrigerator, shall be kept under lock and key, except when authorized personnel are in	4 195		

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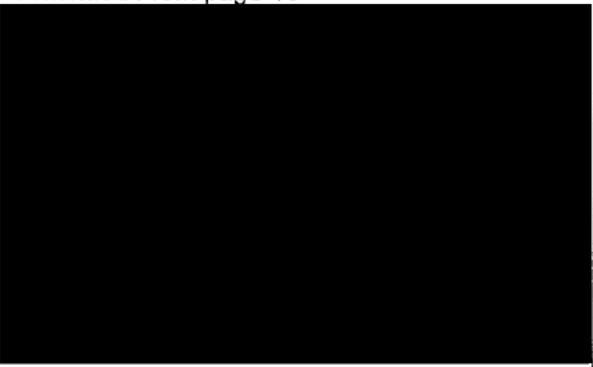
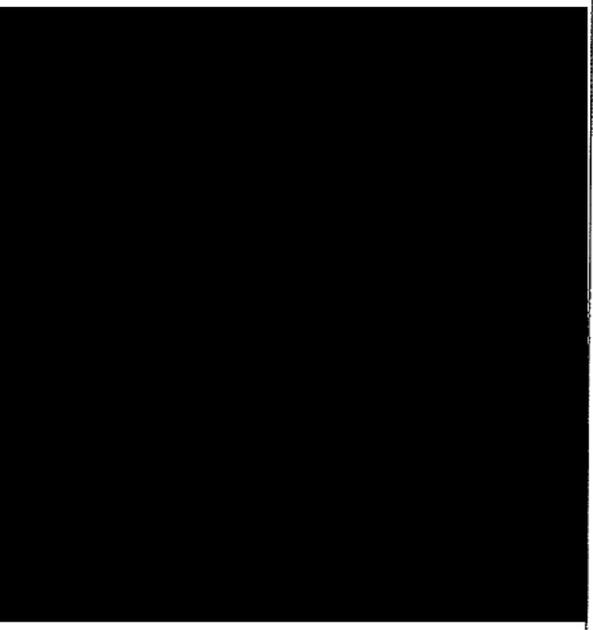
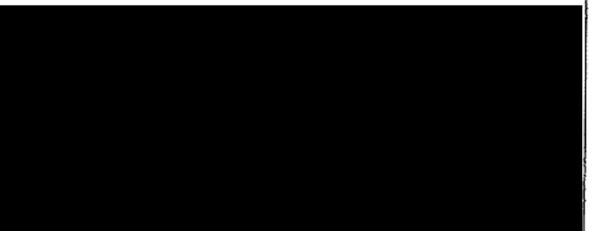
4 195	Continued From page 12  	4 195	4 195;2 Memo was put in communication book, to close Medication Administration Record (MAR), lock all medications in medication cart while cart is unattended. Director of Nursing (DON) or designee will do periodic checks on LPN/RN on following medication administration policies. Check to make sure carts are lock while LPN/RN away from cart. If needed, corrective action will be done immediately with staff. Report ongoing findings to HPIC X 2 quarters.	11/05/15 11/06/15
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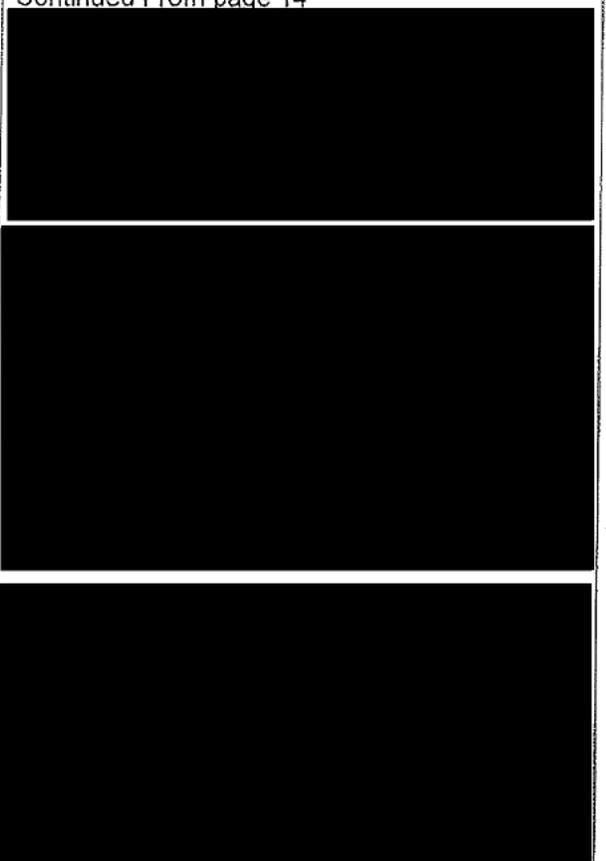
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4 195	Continued From page 13   	4 195	4 195;4. Crash cart relocated to a locked room at Station One. Pharmacist did inventory of medications, checked for expired medications, to assure all medications accounted for date: 10/23/15. Plastic wrap on medications intact.	10/21/15
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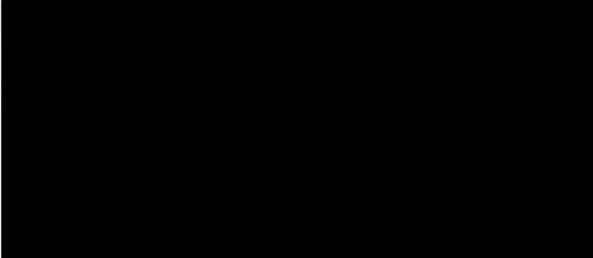
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4 195	Continued From page 14 	4 195		
4 197	11-94.1-46(n) Pharmaceutical services (n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy. This Statute is not met as evidenced by: Based on observation, staff interviews, the facility	4 197		

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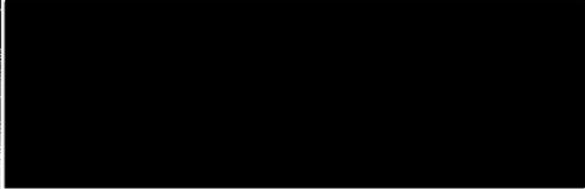
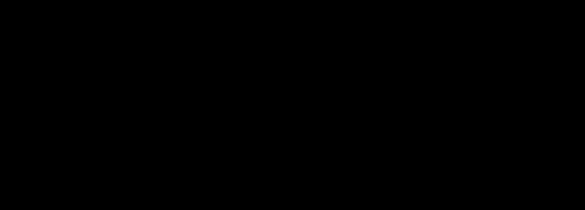
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4 197	Continued From page 15 failed to: dispose of outdated prescriptions and containers according to facility policy. 	4 197	4 197;1. Monthly Charge Nurse or designee will check for outdated stock. Charge Nurse or designee initial outdated stock check sheet and submit to Nursing Administration. DON or designee will report compliance to HPIC X 2 quarters.	11/06/15
4 214	11-94.1-55(a) Housekeeping (a) Each facility shall have a plan for routine periodic cleaning of the entire building and premises. <input type="checkbox"/> This Statute is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain an infection control program to help prevent the development and transmission of disease and infection. Findings include: 	4 214	4 214 Physical Therapy (PT) added Policy #260-125-2 "Disinfecting and Cleaning PT Equipment between Use" into the PT Department Policy and Procedure Manual. PT staff was briefed on the updated Infection Control Policy to clean equipment between patient/resident uses. Weekly cleaning log was posted as hard copy and there is less possibility of losing the electronic copy via equipment failure. PT manager and Quality Assurance staff will assist to monitor that policy is being carried out by PT staff. PT will report to HPIC X 2 quarters.	11/03/15 11/03/15 11/03/15 11/06/15

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4 214	Continued From page 16 	4 214		
4 218	11-94.1-55(e) Housekeeping (e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on observation and staff interviews, the facility failed to provide safe, sanitary and comfortable environment for residents. Findings include:  	4 218	4 218 Handrail was repaired by maintenance on 10/15/15. Wainscoting, new panel was ordered on 10/15/15. Nursing station 2 door alignment parts ordered on 10/15/15. Environmental Service (EVS) staff has evaluated cleaning schedule and correction to the rotation schedule has been made. Contacted cleaning supply vendor to update their cleaning chemicals, equipment and techniques. Training for EVS staff. Institution Facilities Superintendent will monitor cleanliness and report to HPIC X 2 quarters.	11/16/15 11/16/15 11/02/15 11/05/15 11/06/15

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NAME OF PROVIDER OR SUPPLIER SAMUEL MAHELONA MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 4800 KAWAIHAU ROAD KAPAA, HI 96746
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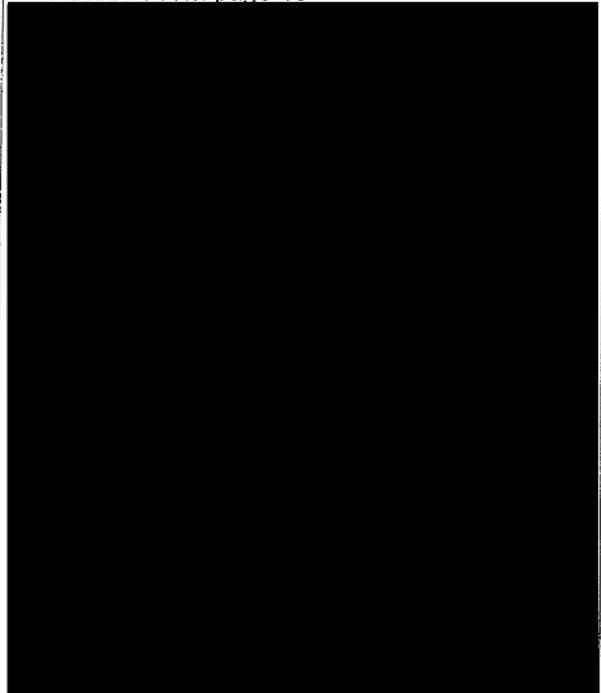
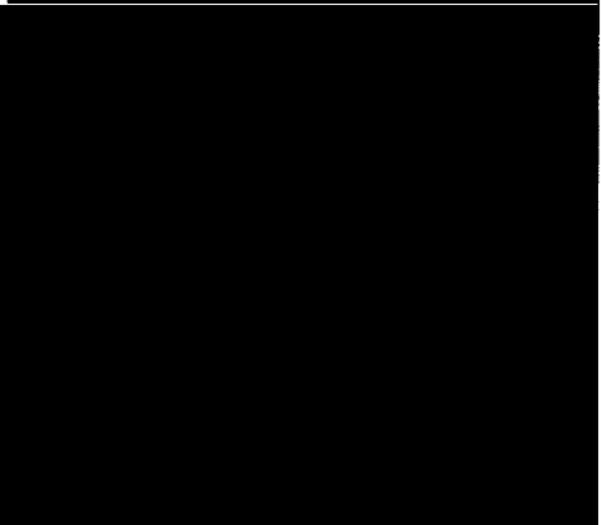
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 222	<p>11-94.1-56(b) Laundry service</p> <p>(b) Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(1) Provisions shall be made for the handling, storage, and transportation of soiled and clean laundry and for satisfactory cleaning procedures;</p> <p>(2) Provisions may be made for contract service outside the facility in a laundry approved by the department;</p> <p>(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;</p> <p>(4) Clean linen shall be stored in enclosed areas; and</p> <p>(5) Hampers shall be provided for soiled linen.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain an infection control program to help prevent the development and transmission of disease and infection.</p> <p>Findings include:</p> <div style="background-color: black; height: 100px; width: 100%;"></div>	4 222	<p>4 222 PT added Policy #260-125-2 "Disinfecting and Cleaning PT Equipment between Use" into the PT Department Policy and Procedure Manual. PT staff was briefed on the updated Infection Control Policy to clean equipment between patient/resident uses. Weekly cleaning log was posted as hard copy and there is less possibility of losing the electronic copy via equipment failure. PT manager and Quality Assurance staff will assist to monitor that policy is being carried out by PT staff. PT will report to HPIC X 2 quarters.</p>	<p>11/03/15</p> <p>11/03/15</p> <p>11/03/15</p> <p>11/06/15</p>

Hawaii Dept. of Health, Office of Health Care Assurance

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4 222	Continued From page 18  	4 222	<p>4 222 Maintenance sealed off the dirty side of the laundry from the clean by building a wall to separate the two sections. A new clean area storage room will be constructed on the clean side of the laundry. This new room will hold all of the clean linen. All sheets that has not been used will be returned to Up to Date Cleaner. Maintenance filled in and concrete capped the drain. Construction of the separation wall started 10/29/15 and is expected to be completed by 11/10/15. New clean linen room is to follow.</p> <p>4 222 Items removed. Will do Environment of Care (EOC) rounds weekly for four weeks then monthly thereafter. Report findings to NPIC then HPIC.</p>	<p>11/20/15 10/29/15 11/10/15</p> <p>11/9, 11/16, 11/23 and 11/30/15</p>
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4 292	Continued From page 19	4 292		
4 292	<p>11-94.1-65(k)(1)(2) Construction requirements</p> <p>(k) The facility corridors shall:</p> <p>(l) Have a minimum clear width of forty-four inches, except that corridors serving one or more non-ambulatory or semi-ambulatory residents shall be not less than eight feet in width; and</p> <p>(2) Stationary handrails shall be installed along both sides of corridors</p> <p>This Statute is not met as evidenced by: Based on observations and an interview with the DON, the facility failed to ensure that corridors serving one or more non-ambulatory or semi ambulatory residents were at least the required 8 feet in width.</p> <p>Findings include:</p> <p>Based on a licensure survey performed by the state agency in March of 2004, the corridor fronting each nursing station measured less than eight feet in width. The corridor measurements taken at the time of the survey were 7 feet 8 1/2 inches with the widest area being 7 feet 11 inches. Based on an interview with the DON, no changes have been made to widen the corridor.</p>	4 292	<p>4 292 Samuel Mahelona Memorial Hospital has been operating since the 1950's construction of the building with this variance. Facility staff is available 24 hours a day/7 days a week to monitor the health and safety of the residents. There are several exits from the corridor so that if an evacuation is needed, it could be accomplished without instance. To comply with the requirement of being 8 feet in width, would mean major capital funding and approximately 400 feet would have to be moved a minimum of 3.5 inches. The facility is requesting a waiver of this deficiency.</p>	11/06/15