

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ RECEIVED B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2016
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NAME OF PROVIDER OR SUPPLIER KA PUNAWAI OLA	STREET ADDRESS, CITY, STATE, ZIP CODE 91-575 FARRINGTON HIGHWAY KAPOLEI, HI 96707
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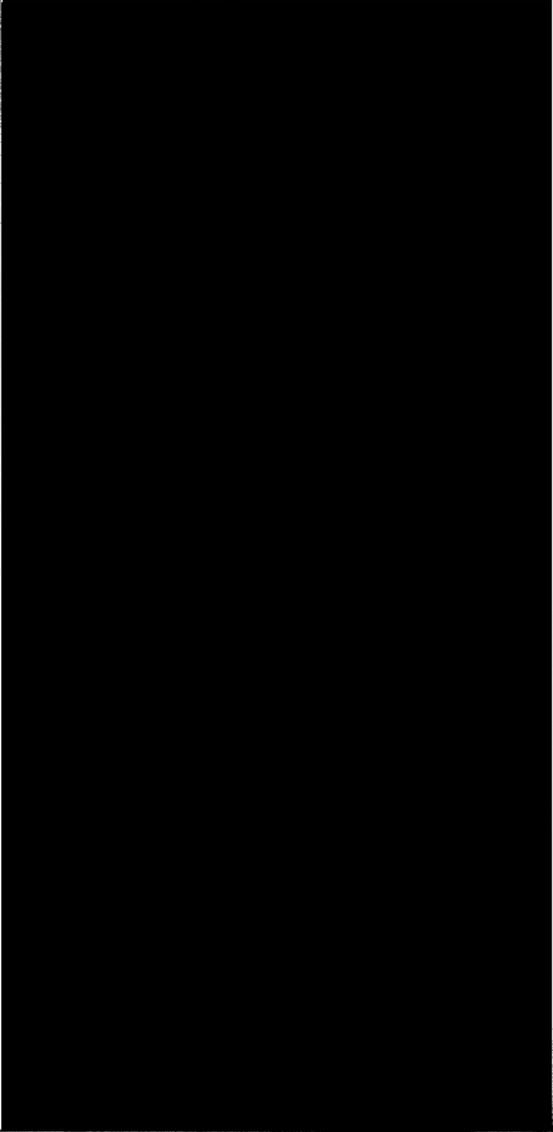
4 000	11-94.1 Initial Comments A licensure survey was conducted from 1/4/16 through 1/7/16.	4 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.	
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) 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 observation, record review and interview with staff members, the facility failed to ensure a resident [REDACTED] who receives [REDACTED] from an outside entity receives the necessary care and services to attain or maintain the highest practicable physical well-being in accordance with the comprehensive assessment and care plan. Findings include: [REDACTED]	4 136	2/20/2016 CORRECTIVE ACTION TAKEN Resident [REDACTED] was discharged from the facility [REDACTED] IDENTIFICATION OF OTHERS On or before 2/20/16 a 100% audit of all resident's [REDACTED] was conducted. Intake and output documentation was audited for accuracy and that orders/care plans are followed. Any areas of concern noted were addressed at the time of discovery. SYSTEMIC MEASURES Licensed Nursing Staff were educated on or before 2/20/16 related to the importance of accuracy of intake and output and that orders/care plans are followed. All newly hired associates will be educated on the importance upon orientation.	

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER'S SIGNATURE _____ TITLE **Executive Director** (X6) DATE **4/25/16**

STATE FORM 6899 VUPG11 If continuation sheet 1 of 11

1.29.16 COPY to KW

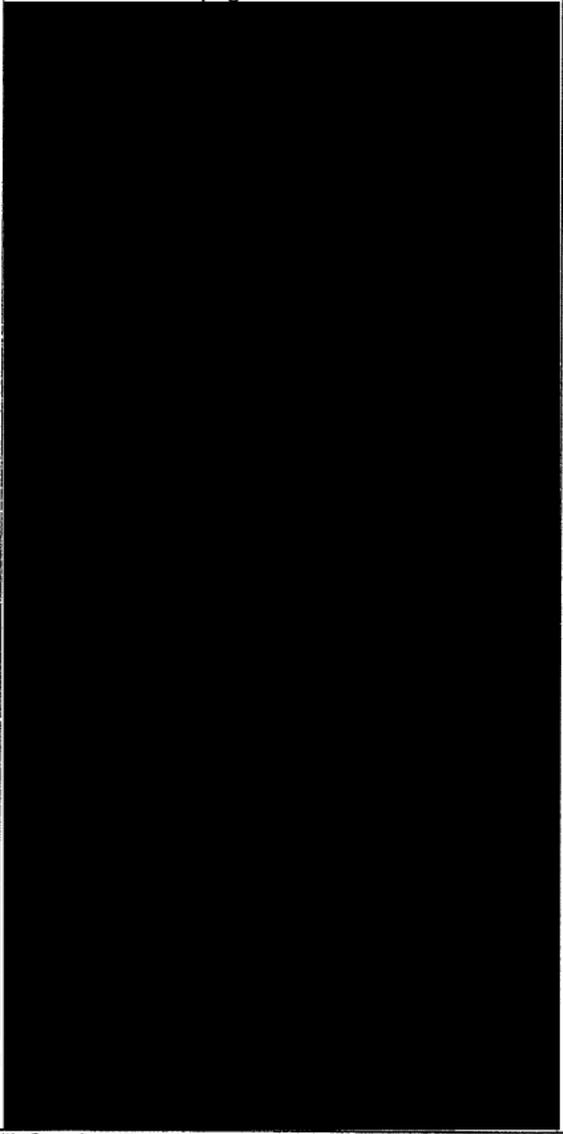
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4 136	Continued From page 1 	4 136	<p>MONITORING</p> <p>Unit Manager or Designee will audit accuracy of intake and output documentation of new admissions that have been prescribed fluid restrictions. In addition, any new orders/care plans related to fluid restrictions, are followed. Tracking will be maintained on an audit form.</p> <p>Unit Manager or Designee will bring results of all audits to the monthly Performance Improvement Committee meeting for the next 90 days.</p>		

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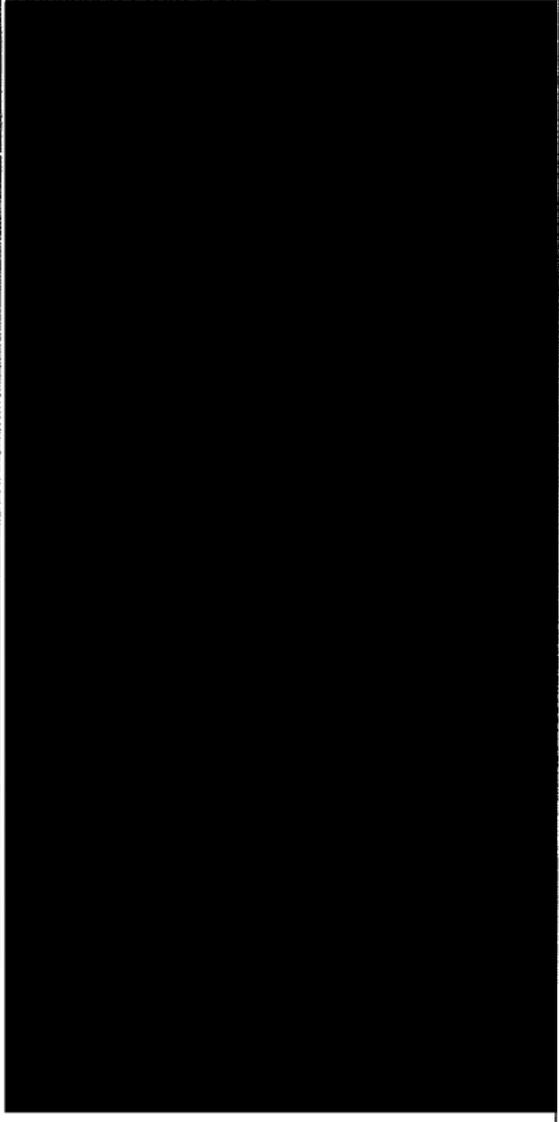
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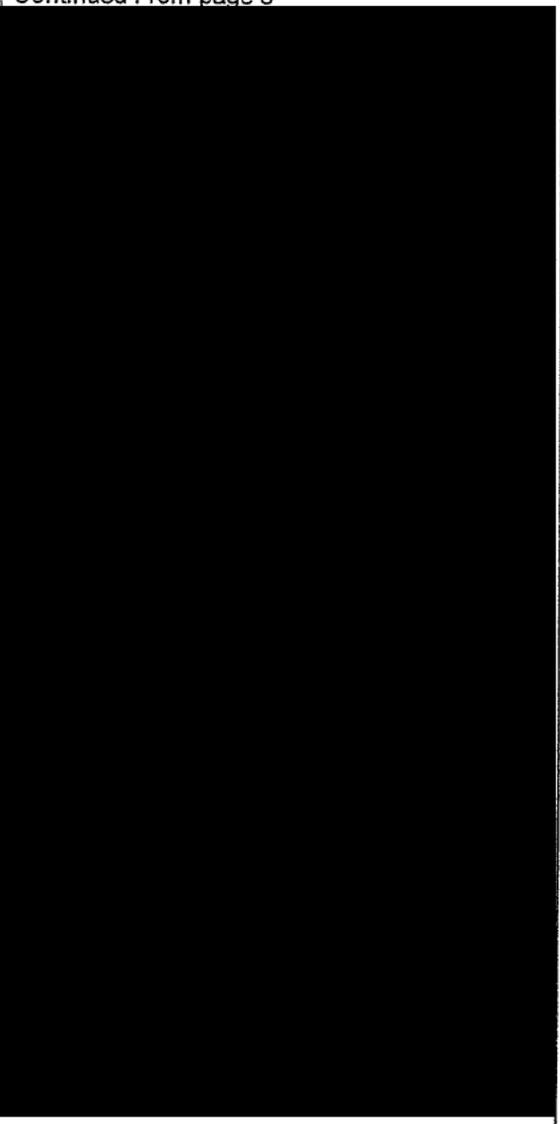
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4 149	Continued From page 5	4 149		
4 149	<p>11-94.1-39(b) Nursing services</p> <p>(b) Nursing services shall include but are not limited to the following:</p> <p>(1) A comprehensive nursing assessment of each resident and the development and implementation 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;</p> <p>(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</p> <p>(3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided.</p> <p>This Statute is not met as evidenced by: Based on observation, record reviews, interviews, and policy review, the facility did not ensure services provided or arranged by the facility met professional standards of quality as care plans for certain classifications of medications were not developed upon admission for 2 Residents</p> <p>Findings include:</p>	4 149	<p>4 149</p> <p>CORRECTIVE ACTION TAKEN</p> <p>Resident [REDACTED] currently resides in the facility. Resident [REDACTED] care plans were updated [REDACTED]</p> <p>Resident [REDACTED] currently resides in the facility. Resident [REDACTED] care plans were updated [REDACTED]</p> <p>IDENTIFICATION OF OTHERS</p> <p>On or before 2/20/16 a 100% audit of all resident's care plans were completed by the IDT to ensure that all resident care plans are a representation of diuretics and antibiotics. Any areas of concern noted were addressed at the time of discovery.</p> <p>SYSTEMIC MEASURES</p> <p>Licensed Nursing Staff were educated on or before 2/20/16 related to the importance of care plans including the use of diuretics and antibiotics. All newly hired associates will also be educated on the importance during orientation.</p>	2/20/2016

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4 149	Continued From page 6 	4 149	<p>MONITORING</p> <p>MDS Coordinator, Unit Manager, or Designee will audit care plans of new admissions that have been prescribed diuretics or antibiotics. In addition, any new orders of diuretics or antibiotics will have a care plan, which reflects the addition/change. Tracking will be maintained on an audit form.</p> <p>MDS Coordinator, Unit Manager, or Designee will bring results of all audits to the monthly Performance Improvement Committee meeting for the next 90 days.</p>	
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4 149	Continued From page 7 	4 149		
4 159	<p>11-94.1-41(a) Storage and handling of food</p> <p>(a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.</p> <p>(1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and</p> <p>(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observation and interview with staff members, the facility failed to store food under sanitary conditions.</p> <p>Findings include: On 1/6/2016 at 2:00 PM observed in the resident nourishment refrigerator on the Wailani wing the following: (4) Yoplait Light individual serving size with expiration dates of 12/28/15; a bag of crackers in a quart size ziploc bag with no label or use by date; and 1/2 loaf of bread in a brown paper bag with no label or use by date. In the lower food storage bin of the same refrigerator were 4 bags of food, each bag held plastic</p>	4 159	<p>4 159</p> <p>CORRECTIVE ACTION TAKEN</p> <p>Wailani nourishment room refrigerator is free of any expired, unlabeled, and undated foods.</p> <p>IDENTIFICATION OF OTHERS</p> <p>On or before 2/20/16 a 100% audit of all facility nourishment rooms was conducted. Any areas of concern noted were addressed at the time of discovery.</p> <p>SYSTEMIC MEASURES</p> <p>Licensed Nursing Staff, Nursing Assistants, Dietary Staff, and Management were educated on or before 2/20/16 related to the policies and procedures on the removal of expired foods, labeling of foods, and dating of foods. All newly hired associates will be trained upon orientation.</p> <p>A memorandum was provided to families related to the policies and procedures on the removal of expired foods, labeling of foods, and dating of foods. All new admissions will be provided the memorandum.</p>	2/20/2016

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4 159	<p>Continued From page 8</p> <p>containers with food and plastic bags of food all without labels and use by dates. The Infection Control Nurse present at the time of the observation stated that all foods stored in the refrigerator should be labeled and dated.</p> <p>Posted on the refrigerator door was a notice, "Refrigerator rules: All food should be labeled and dated, with a use by date of 3 days from date of storage. Use by date: may be up to 3 days from date the item was placed in the refrigerator or date item was opened. Label all items with the following information: Resident Name; Room Number; and Use by Date. The following items will be discarded: improperly labeled items, items past the use by or expiration dates, and items left by discharged residents.</p> <p>The facility policy on Food Brought into Facility guidelines state: Perishable food brought in by a resident, relative and/or friend should be eaten immediately or at the next meal. Any potentially hazardous food not eaten within four hours should be discarded. The facility policy for Nourishment Storage Areas state: Food is covered, labeled and dated appropriately. Food is rotated and/or discarded according to facility guidelines.</p>	4 159	<p>MONITORING</p> <p>Unit Manager, Licensed Nursing Staff, Nursing Assistants, Dietary Staff, Management or Designee will audit nourishment room refrigerators 3 times weekly. Tracking will be maintained on an audit form.</p> <p>Unit Manager, Licensed Nursing Staff, Nursing Assistants, Dietary Staff, Management or Designee will bring results of all audits to the monthly Performance Improvement Committee meeting for the next 90 days.</p>	
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4 218	<p>11-94.1-55(e) Housekeeping</p> <p>(e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interviews, the facility failed to provide necessary services to maintain a sanitary and comfortable environment.</p>	4 218	<p>4 218</p> <p>CORRECTIVE ACTION TAKEN</p> <p>The Gojo soap dispenser in the 100-hall shower room has been removed. The shower curtain in the 100-hall shower room has been removed and replaced with a new curtain.</p>	2/20/2016
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4 218	Continued From page 9 Findings include: 1) An initial tour was conducted on 1/4/16 at 07:38 A.M. During the tour, it was observed on the 100 hallway's shower room an old, dirty, and dusty Gojo dispenser attached to the wall. According to the Maintenance Supervisor and his Assistant the dispenser is no longer in use. The	4 218	The Gojo soap dispenser in the 200-hall shower room has been removed. Shower area has been cleaned. The caulking around the sink in room 202 is free of brownish/blackish color. The wall on the left hand side in room 202 is free from scraped off paint. Room 202 and the Wailani hallway is free of scraped paint. In Room 208, the bottom of the door panel is no longer coming apart. The doors of rooms 204, 206, and 212 are free from wooden chips. Room 216 is free from scraped off paint on the left side of the door jam. Rooms 402, 607, and 406 are free from strips of scraped paint. The walls by the windows of rooms 402, 403, 405, 406, 407, 408, 502, 503, 505, 602, 605, and 607 are free from scrapes.	

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4 218	<p>Continued From page 10</p> <p>In room 208, the bottom of the door panel is coming apart; in rooms 204, 206, 206, and room 212, there were wooden chipped noted on the doors. The door jam in 216 has scraped off paint on the left side.</p> <p>An interview was conducted with the Maintenance Supervisor, Assistant Maintenance Supervisor, and the Housekeeping Supervisor on 1/4/16 and 1/6/16. The staff all acknowledged that the identified areas need cleaning, fixing, and painting.</p> <p>2) On the morning of 1/4/16 observed the walls by the window in rooms 402, 607 and 406 with strips of scraped paint. On 1/7/16 at 7:52 A.M. a walk through was done with the Director of Environmental Services. Concurrent observations found the walls by the window scraped in the following rooms: 402, 403, 405, 406, 407, 408, 502, 503, 505, 602, 605 and 607.</p>	4 218	<p>IDENTIFICATION OF OTHERS On or before 2/20/16 a 100% audit of all-resident shower rooms, door panels, door jams, and areas occupied with residents sitting in wheelchairs were audited. Any areas of concern noted were addressed at the time of discovery.</p> <p>SYSTEMIC MEASURES Housekeeping and Maintenance Staff were educated on or before 2/20/16 related to the following topics: Removing in-active soap dispensers and cleaning, removal of stained shower curtains, wall scrapes, door jam chips and scrapes. In addition, staff was educated on how to report these issues to the appropriate staff. Any new staff will be educated during orientation.</p> <p>MONITORING Housekeeping and Maintenance Director or Designee will conduct random weekly audits of shower rooms, resident rooms, hallways, and areas where residents occupy wheelchairs. Tracking will be maintained on an audit form.</p> <p>Housekeeping Director, Maintenance Director or Designee will bring results of all audits to the monthly Performance Improvement Committee meeting for the next 90 days for input and review.</p>	
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