

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2015
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NAME OF PROVIDER OR SUPPLIER KOHALA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 54-383 HOSPITAL ROAD KAPAAU, HI 96755
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4 000	11-94.1 Initial Comments A state relicensure survey was conducted at the facility from 12/1 - 12/4/2015. There were 23 residents at the facility upon entrance.	4 000		
4 159	11-94.1-41(a) Storage and handling of food (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. (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 (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage. This Statute is not met as evidenced by: Based on observations and staff interviews, the facility failed to properly discard perishable expired food to ensure safety to residents. Findings include: <div style="background-color: black; width: 100%; height: 100px; margin-top: 5px;"></div>	4 159	<p>11-94-1-41 (a) STORAGE AND HANDLING OF FOOD</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p><i>Garlic container was re-labeled with the correct preparation date and expiration date on 12/2/2015.</i></p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p><i>Whenever garlic is stored the container will be labeled with the preparation and the expiration date immediately.</i></p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.</p> <p><i>Reminder in-service for all dietary staff was conducted by the dietary manager on the process of labeling food items for preparation and expiration date immediately by 12/4/2015.</i></p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p><i>Food service manager or assigned staff will continue to check all labels for expiration dates on a weekly basis.</i></p>	
4 174	11-94.1-43(b) Interdisciplinary care process	4 174		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER'S SIGNATURE

SIGNATURE

TITLE
Administrator

(X6) DATE

1/25/16

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4 000	11-94.1 Initial Comments A state relicensure survey was conducted at the facility from 12/1 - 12/4/2015. There were 23 residents at the facility upon entrance.	4 000	Date(s) when corrective action will be completed; and If the facility is in the process of implementing a PoC as a result of a survey completed by the State Survey Agency, you should reference this information in your PoC, with the current status of the correction and any revised correction dates.	
4 159	11-94.1-41(a) Storage and handling of food (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. (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 (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage. This Statute is not met as evidenced by: Based on observations and staff interviews, the facility failed to properly discard perishable expired food to ensure safety to residents. Findings include: 	4 159	By 12/5/2015 11-94.1-43(b) INTERDISCIPLINARY CARE PROCESS What corrective action will be accomplished for those residents found to have been affected by the deficient practice. <i>Resident [REDACTED] Care Plan was updated on 12/4/2015 with goals, outcomes and interventions.</i> <i>Resident [REDACTED] Care Plan was updated [REDACTED]</i> <i>Resident [REDACTED] comprehensive care plan was updated [REDACTED]</i> <i>Resident [REDACTED] appointment will be scheduled by [REDACTED]</i>	12/5/2015
4 174	11-94.1-43(b) Interdisciplinary care process	4 174		

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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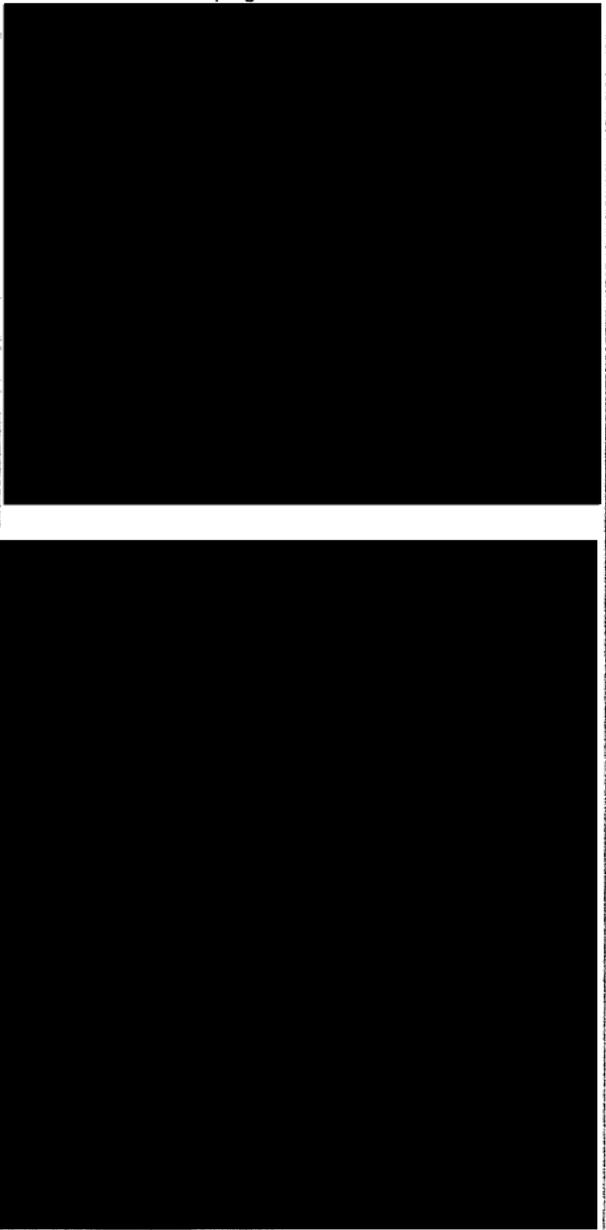
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4 174	<p>Continued From page 1</p> <p>(b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and resident/family education.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview the facility failed to update care plans for 2 of 21 residents in the stage 2 survey sample.</p> <p>Findings Include:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 5px;"></div>	4 174	<p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p><i>All residents in house will be reviewed by 1/31/2016 and care plans will be updated with goals, outcomes, and interventions.</i></p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.</p> <p><i>Re-education for all nurses was held on 12/17/2015 for nurses to update their assigned care plans.</i></p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p><i>Nurse reporting on care plan updates and tracking will be done by Nurse manager. Plan to have consistent nursing assignments to increase accountability for updating care plans. At daily operational meeting Monday thru Friday; care plan updates will be discussed and initiated when there is a change in status and when there is a need. 100% of checklist & care plan will be reviewed by the registered nurse and reported to the Chief Nurse Executive on a monthly basis for next 6 months. Sample audit on care plan updates will be performed monthly for Next 3 months.</i></p>	

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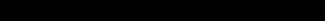
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4 174	Continued From page 2 	4 174	<p>Date(s) when corrective action will be completed; and</p> <p>If the facility is in the process of implementing a PoC as a result of a survey completed by the State Survey Agency, you should reference this information in your PoC, with the current status of the correction and any revised correction dates.</p> <p><i>Interdisciplinary team meeting will evaluate care plans to assure it is meeting the current needs of the resident on a quarterly basis.</i></p>	<p>3/31/2016- 1/31/16 </p>

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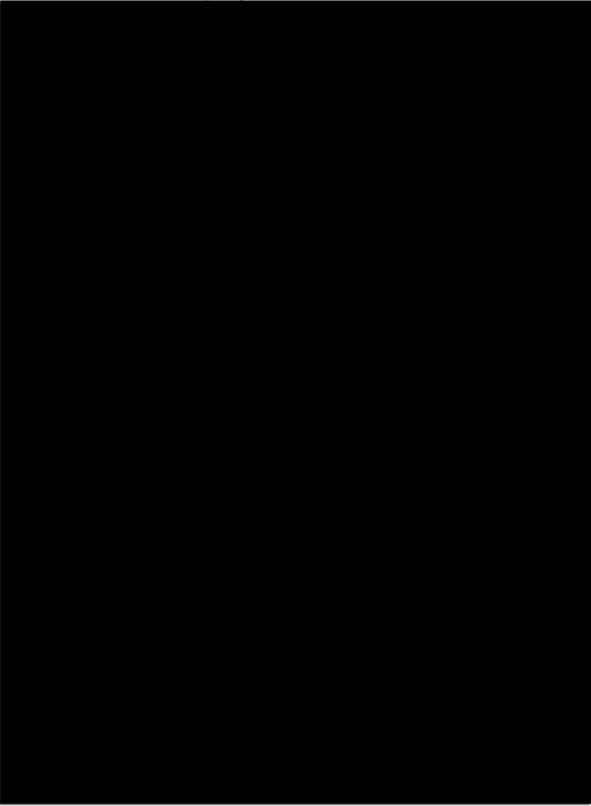
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4 174	Continued From page 3 	4 174	11-94.143(c) INTERDISCIPLINARY CARE PROCESS What corrective action will be accomplished for those residents found to have been affected by the deficient practice. <i>Resident  care plan was updated on 12/29/2015 </i>	
4 175	11-94.1-43(c) Interdisciplinary care process (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. This Statute is not met as evidenced by: Based on observation, interviews, and record review the facility failed to periodically review and revise the care plan for 1 of 21 residents reviewed in Stage 2 survey. Findings include: 	4 175	How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken. <i>All residents will have a skin assessed for any bruises, skin tears, rashes etc. by a nurse by 1/31/2016. During shower days and when identified certified nurse aides will report to nurse any new bruises, skin tears, rashes by documenting during the shift it is identified.</i> What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur. <i>Skin assessment rounds will be done at every shower day and when skin issues occur. Certified nurse aide will report to nurse any findings and nurse will assess the resident and notify MD of changes and create a care plan for the skin issue and treatment if needed will be followed according to MD orders.</i>	

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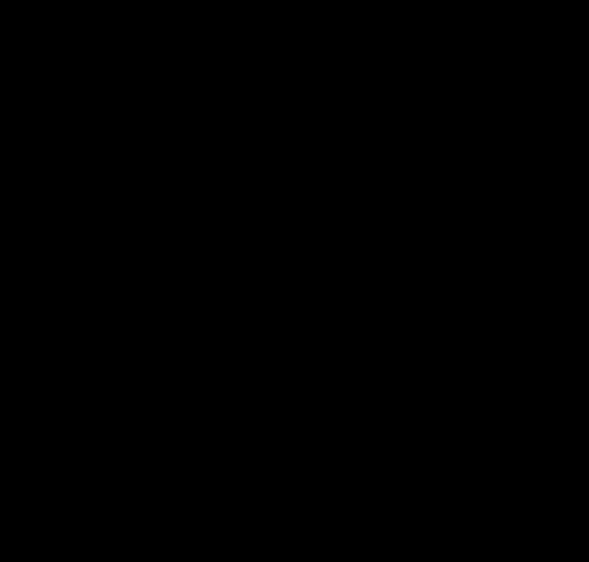
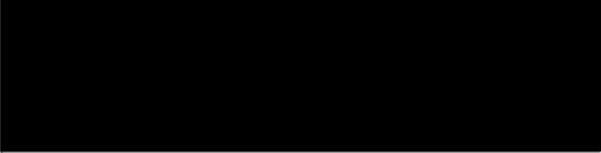
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4 175	Continued From page 4 	4 175	<p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p><i>Registered nurse will assess all skin changes / issues monthly for their assigned residents and create, adjust, and update the resident's care plan. . 100% of checklist & care plan will be reviewed by the registered nurse and reported to the Chief Nurse Executive on a monthly basis for next 6 months. Sample audit on care plan updates will be performed monthly for Next 3 months.</i></p> <p>Date(s) when corrective action will be completed; and If the facility is in the process of implementing a PoC as a result of a survey completed by the State Survey Agency, you should reference this information in your PoC, with the current status of the correction and any revised correction dates.</p> <p><i>Interdisciplinary team meeting will evaluate care plans to assure it is meeting the current needs of the resident on a quarterly basis.</i></p>	
4 182	<p>11-94.1-45(a) Dental services</p> <p>(a) Emergency and restorative dental services shall be available to each resident.</p> <p>This Statute is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to arrange for routine dental services to meet the needs of the resident for 1 of 21 residents in the Stage 2 sample.</p>	4 182	<p>11-94.1-45(a) DENTAL SERVICES</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p><i>Dental appointment scheduled</i> </p> 	 3/31/2016 1/31/16

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4 182	Continued From page 5 	4 182	<p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p><i>All residents will reviewed by nursing staff to assess need for dental appointment by 1/31/2016 .</i></p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.</p> <p><i>An oral assessment will be performed monthly by a Registered Nurse, any indicated Dental appointments scheduled and care plan updated.</i></p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p>	
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 observations and staff interviews the facility failed to discard expired medicated wound dressings and to keep medications under the direct observation of the LN when passing medications.</p> <p>Findings include:</p> 	4 194	<p><i>Registered Nurse monthly care management checklist will include dental assessments. 100% of checklist & care plan will be reviewed by the registered nurse and reported to the Chief Nurse Executive on a monthly basis for next 6 months. Sample audit on care plan updates will be performed monthly for Next 3 months.</i></p> <p>Date(s) when corrective action will be completed; and</p> <p>If the facility is in the process of implementing a PoC as a result of a survey completed by the State Survey Agency, you should reference this information in your PoC, with the current status of the correction and any revised correction dates.</p> <p><i>By 3/31/2016.</i></p>	<p><i>1/31/16</i></p> <p>3/31/2016</p>

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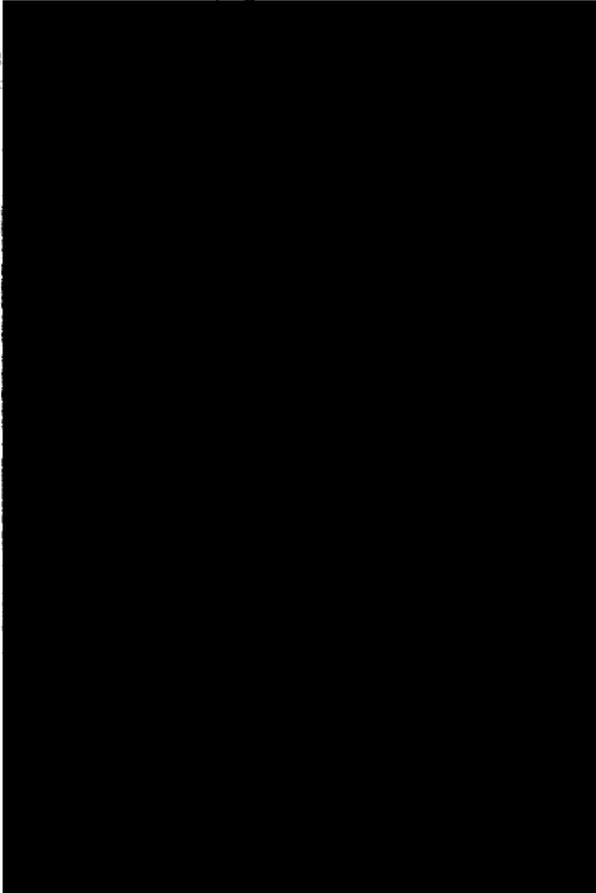
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4 182	Continued From page 5 Findings include: 	4 182	11-94. 1-46(k) PHARMACEUTICAL SERVICES What corrective action will be accomplished for those residents found to have been affected by the deficient practice. <i>A Locked medication cart will replace the open basket medication cart for medication passes at Kohala Hospital by 1/15/2016.</i> How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken. <i>A Locked medication cart will replace the open basket medication cart for medication passes at Kohala Hospital and all licensed staff will be in-service on its use by 1/15/2016.</i>	
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 observations and staff interviews the facility failed to discard expired medicated wound dressings and to keep medications under the direct observation of the LN when passing medications. Findings include: 	4 194	What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur. <i>Inservice for all nurses will be conducted by Chief Nurse Executive to prevent unattended medications using the locked medication cart to pass medications & secure medications by 1/15/2016.</i> How the corrective action will be monitored to ensure the deficient practice will not recur. <i>Nursing management will perform periodic rounds for 3 months to assure medications are not unattended by registered nurse and medications secured at all times.</i>	

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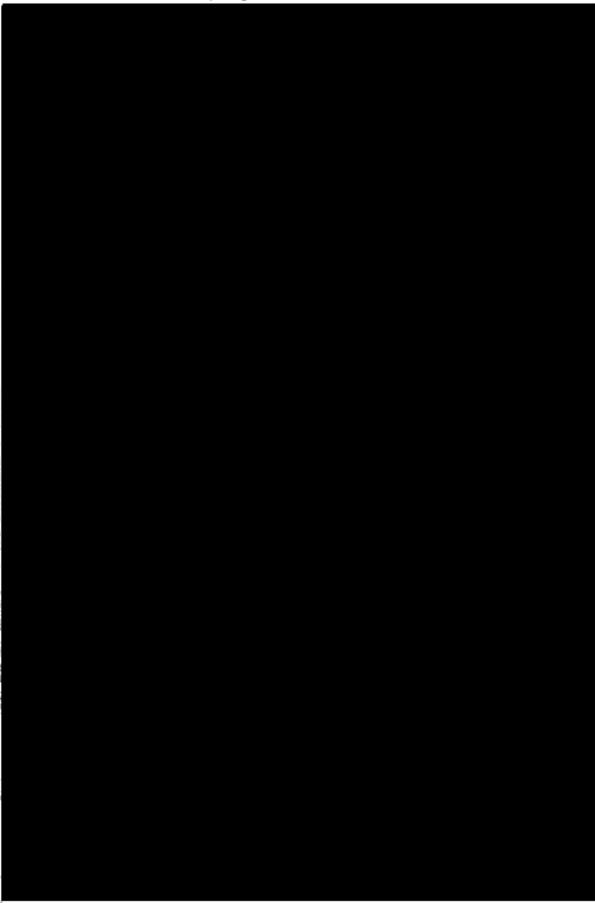
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4 194	Continued From page 6 	4 194	<p>Date(s) when corrective action will be completed; and If the facility is in the process of implementing a PoC as a result of a survey completed by the State Survey Agency, you should reference this information in your PoC, with the current status of the correction and any revised correction dates.</p> <p>11-94.1-53 (b)(2) Infection Control</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p><i>Kohala Hospital requested an Infection Control 11-94 1-53(b)(2)(A) waiver for our license 26-N to operate a skilled nursing and intermediate care facility as we do not have a negative pressure room and a structural anteroom for Kohala Hospital through a letter addressed to  on December 3, 2015.</i></p>	<p>3/31/2016 1/15/16</p>
4 205	11-94.1-53(b)(2) Infection control (b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made. (2) At least one single bedroom shall be designated as an isolation room as needed and	4 205	<p><i>A new urinal was labeled with the resident's name and placed in bathroom on 12/5/2015.</i></p> <p><i>Personal toiletry was labeled for rooms 11 & 12 on 12/4/2015.</i></p> <p><i>Licensed staff  was re-inserviced regarding hand sanitizing in between tasks on 12/17/2015.</i></p>	

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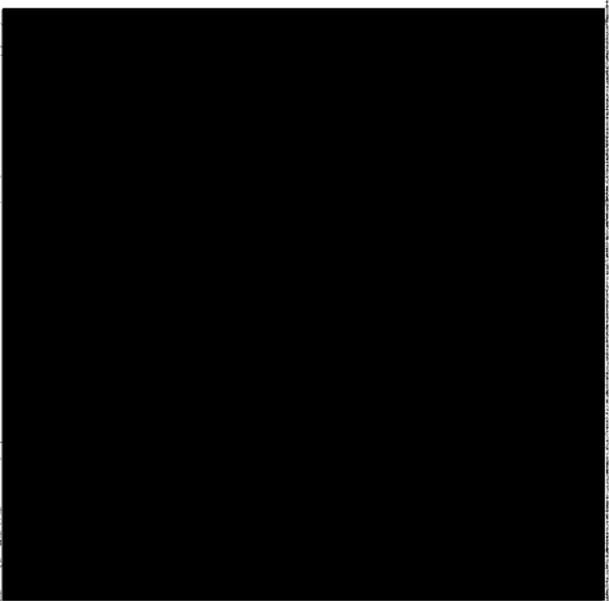
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4 194	Continued From page 6 	4 194	<p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p><i>Kohala Hospital requested an Infection Control 11-94 1-53(b)(2)(A) waiver for our license 26-N to operate a skilled nursing and intermediate care facility as we do not have a negative pressure room and a structural anteroom for Kohala Hospital through a letter addressed to  on December 3, 2015.</i></p> <p><i>Upon admission all personal items stored in shared space will be labeled by 12/22/2015.</i></p> <p><i>During rounds, certified nurses aide will assure that no towels are placed on the floor.</i></p> <p><i>At change of shift, certified nurses aide will assure that room is tidy and old items/supplies will be discarded by 1/31/2016.</i></p>	
4 205	<p>11-94.1-53(b)(2) Infection control</p> <p>(b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.</p> <p>(2) At least one single bedroom shall be designated as an isolation room as needed and</p>	4 205	<p><i>Housekeeping will clean rooms monthly and assure no cobwebs are present in rooms.</i></p> <p><i>Shower chairs will be cleaned and disinfected immediately after use by 12/5/2015.</i></p> <p><i>Bathroom pull chords were replaced on 12/5/2015 for rooms 11 ,31, 34, & 35.</i></p>	

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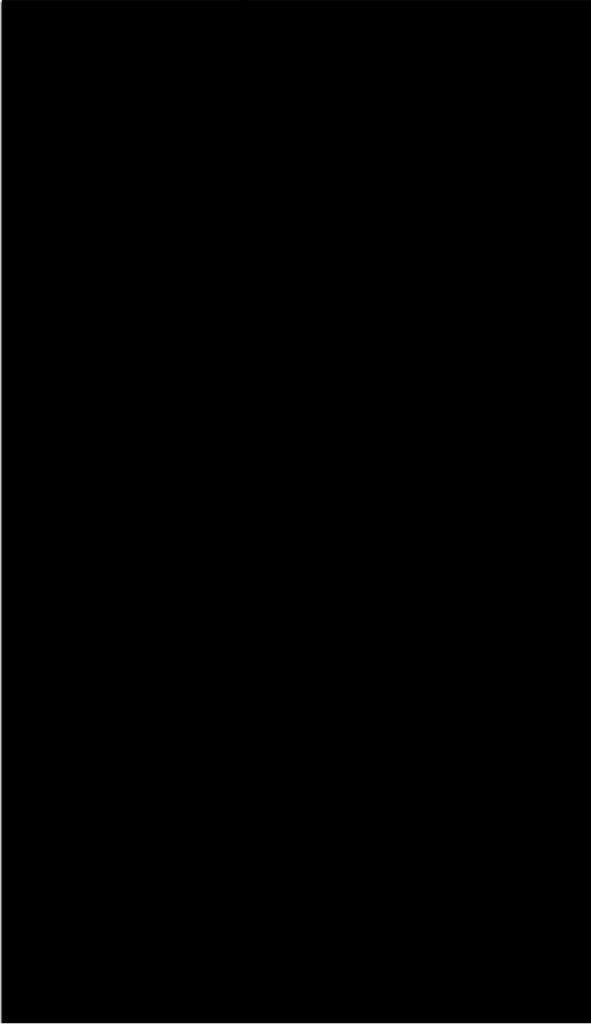
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KAPAAU, HI 96755

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4 205	<p>Continued From page 7</p> <p>shall have:</p> <p>(A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet;</p> <p>(B) Appropriate hand-washing facilities available to all staff; and</p> <p>(C) Appropriate methods for cleaning and disposing of contaminated materials and equipment;</p> <p>This Statute is not met as evidenced by: Based on observation and interviews the facility failed to provide a safe and sanitary environment to help prevent the development and transmission of disease and infection.</p> <p>Findings include:</p> 	4 205	<p><i>All nurses were in-serviced on hand sanitizing or hand washing between tasks on 12/17/2015.</i></p> <p>What measures will be put into practice or what systematic changes will you make to ensure the deficient practice does not occur.</p> <p><i>The Chief Nurse Executive (CNE) (or designee) will be responsible for requesting this waiver annually.</i></p> <p><i>When using resident personal items, certified nurse aides & nurses will assure it has the resident's name on the item before using it. Any opened item not marked will be discarded and replaced immediately.</i></p> <p><i>Shower chairs will be cleaned and disinfected immediately after use.</i></p> <p><i>All bathroom pull chords were replaced on 12/5/2015.</i></p> <p><i>Inservice department will include hand sanitizing / hand washing education bi-annually by 12/31/2016.</i></p> <p>How the corrective action will be monitored to ensure the deficient practice will not occur.</p> <p><i>The Chief Nurse Executive (CNE) (or designee) will be responsible for following up on waiver(s) that may affect Kohala Hospital on an annual basis.</i></p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2015
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NAME OF PROVIDER OR SUPPLIER KOHALA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 54-383 HOSPITAL ROAD KAPAAU, HI 96755
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4 205	Continued From page 8 	4 205	<p><i>Certified nurse aides will do rounds at change of shift and assure all personal items are labeled with resident's name if stored in shared spaces and shower room and shower chair will be checked for cleanliness by 1/31/2016.</i></p> <p><i>Certified nurse aide will assure towels are not placed on the floor and if found on floor to place in hamper right away by 12/22/2015.</i></p> <p><i>Housekeeping will clean the bathroom chords daily using sanitized cloth. Stained chords will be replaced.</i></p> <p><i>Nursing managers will round on hand washing/hand sanitizing practices on the floor periodically for all shifts for 3 months by 3/31/2016.</i></p> <p>Date(s) when corrective action will be completed; and If the facility is in the process of implementing a PoC as a result of a survey completed by the State Survey Agency, you should reference this information in your PoC, with the current status of the correction and any revised correction dates.</p> <p><i>By 3/31/2016</i></p>	<p>3/31/2016 <i>1/31/16</i></p>