

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2016
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NAME OF PROVIDER OR SUPPLIER  
**HALE OLA KINO**

STREET ADDRESS, CITY, STATE, ZIP CODE  
1314 KALAKAUA AVENUE, 2ND FLOOR  
HONOLULU, HI 96826

RECEIVED  
2016 MAY -5 P 1:48

(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
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4 000 11-94.1 Initial Comments  
  
A state re-licensure survey was conducted at the facility from April 5-8th, 2016. On entrance, the census included 31 residents.

4 000

Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law.

4 203 11-94.1-53(a) Infection control  
  
(a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste.  
  
This Statute is not met as evidenced by:  
Based on observations and staff interviews, the facility failed to ensure that proper use of gloves were implemented to prevent cross-contamination in controlling the spread of infections and bacteria for 3 of 17 residents (R#19, R#26, R#70) in the Stage 2 sample.

4 203

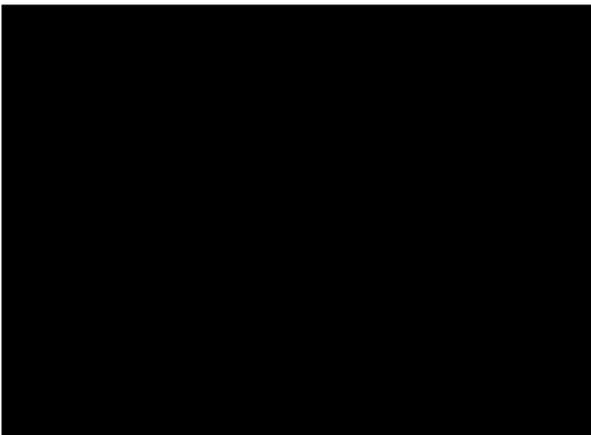
F441- INFECTION CONTROL, PREVENT SPREAD, LINENS

What corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- Licensed Nurse was in-serviced regarding infection control by the Director of Nursing immediately after learning of the deficient practice. Licensed nurse was also provided a copy of the written Policies and Procedures on Dressing Change, Eye Drop Medication Administration and Hand Washing Procedure.

- Residents found to have been affected have been observed

Findings include:



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

TITLE

(X6) DATE

STATE FORM

*[Signature]*

Administrator *[Signature]*

04/29/2016

6899

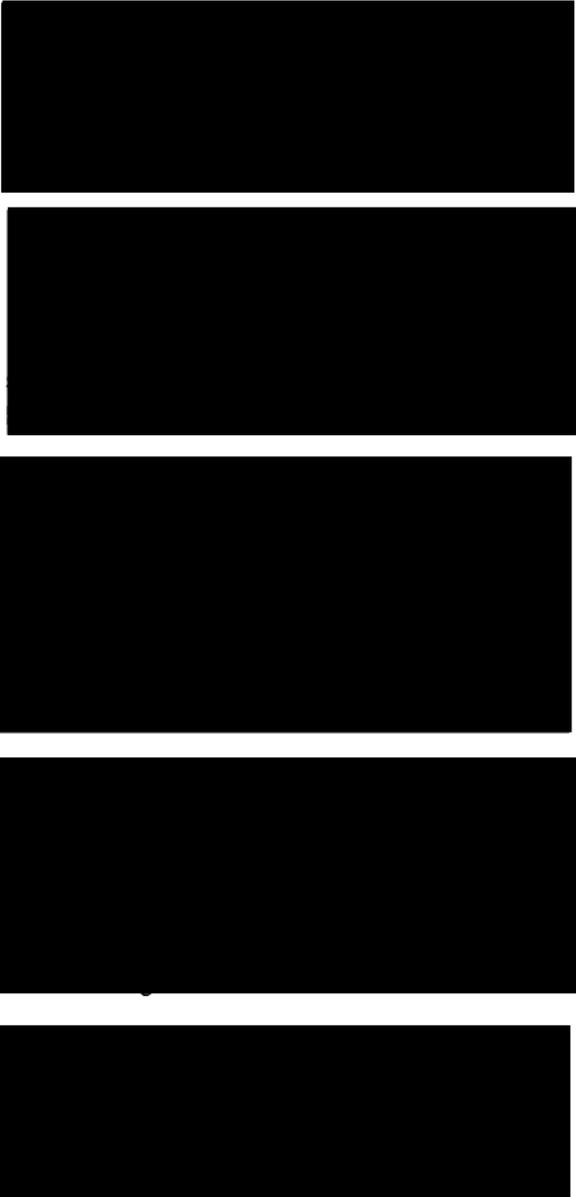
69PR11

If continuation sheet 1 of 3

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4 203	Continued From page 1 	4 203	<p>for sign and symptoms of infection however, none has been noted to date.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>- All residents having the potential to be affected by the same deficient practice have been observed for signs and symptoms of infection, none has been noted to date.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>- All licensed nurses has been in-serviced on 4/25/16 on Infection Control Policies and Procedures to include however not limited to Dressing Change, Eye Drop Medication Administration</p>	

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F 441	<p>Continued From page 1</p>  <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure that proper use of gloves were implemented to prevent cross-contamination in controlling the spread of infections and bacteria for 3 of 17 residents (R#19, R#26, R#70) in the Stage 2 sample.</p> <p>Findings include:</p>   	F 441	<p>for sign and symptoms of infection however, none has been noted to date.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>- All residents having the potential to be affected by the same deficient practice have been observed for signs and symptoms of infection, none has been noted to date.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>- All licensed nurses has been in-serviced on 4/25/16 on Infection Control Policies and Procedures to include however not limited to Dressing Change, Eye Drop Medication Administration</p>	
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