

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HALE MALAMALAMA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6163 SUMMER STREET HONOLULU, HI 96821</b>
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4 000	11-94.1 Initial Comments  A state relicensure survey was conducted at the facility from 4/26/16-4/28/16. At the time of the entrance , the resident census was 40.	4 000	<p><b>4115 RESIDENT RIGHTS AND FACILITY PRACTICES</b></p> <p><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</u></p> <ul style="list-style-type: none"> <li>The Director of Nursing (DON) will provide inservice education to all current and new certified nursing assistants (CNAs) and licensed nurses in regards to the deficient practice.</li> <li>The social worker consultant will conduct inservice training to all CNAs and licensed nurses in regards to treating residents with dignity and respect.</li> </ul> <p><u>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</u></p> <ul style="list-style-type: none"> <li>The deficient practice affects all current and new residents needing assistance when eating within the facility.</li> </ul> <p><u>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</u></p> <ul style="list-style-type: none"> <li>The social services department will inservice staff as to words that should be avoided to maintain the dignity and respect of the resident.</li> <li>The social services department will provide on-going inservice education to all staff as a reminder to treat residents with dignity and respect.</li> </ul>	
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;  This Statute is not met as evidenced by: Based on observation and staff interview, the facility did not promote care for residents in a manner and in an environment that maintains or enhances the residents dignity and respect in full recognition of [redacted] individuality. (Resident #26, #20 )  Findings include: [redacted]	4 115		

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

*Pauline Yozgha*

TITLE

*Administrator*

(X6) DATE

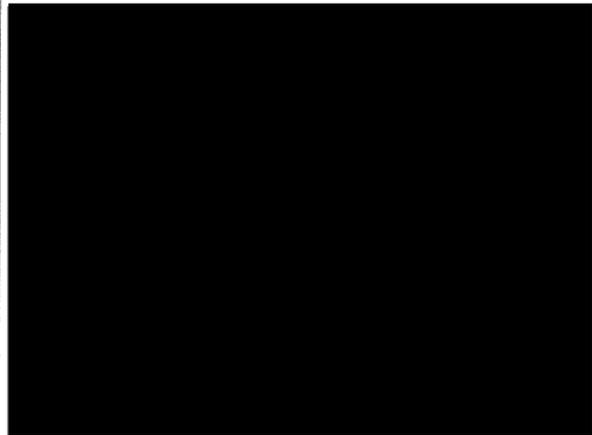
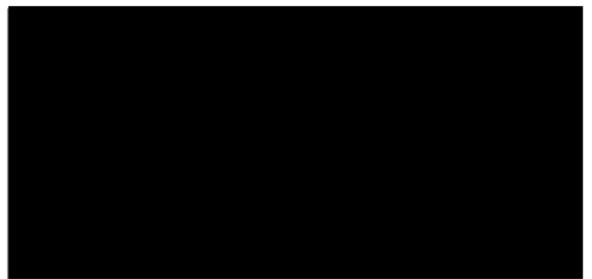
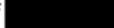
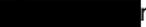
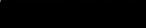
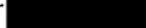
*5/17/16*

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4 115	Continued From page 1   	4 115	<p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</u></p> <ul style="list-style-type: none"> <li>The social service department will conduct random staff interviews throughout the year.</li> <li>The social service department will provide annual inservice education to all staff relating to "Long Term Care Resident Dignity and Quality of Life."</li> </ul> <p><b>4174 INTERDISCIPLINARY CARE PROCESS</b></p> <p><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</u></p> <ul style="list-style-type: none"> <li>On 04/29/16, the Director of Nursing (DON) revised and updated the care plan for resident #19 to include the use of  medications per the physician's order.</li> <li>The DON will request for a gradual dose reduction (GDR) from the attending physician since the resident's  medical condition are stable.</li> </ul> <p><u>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</u></p>	6/7/16
4 174	11-94.1-43(b) Interdisciplinary care process  (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	4 174	<ul style="list-style-type: none"> <li>The deficient practice affects all current and new residents that are receiving  medication.</li> <li>The DON will review and update policy and procedures on the use of  medication.</li> <li>The DON will initiate a facility protocol to ensure that it develop, review or revise the comprehensive plan of care upon receiving a physician's order for  medications.</li> </ul>	

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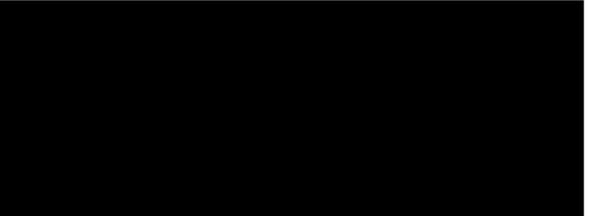
4 174	<p>Continued From page 2 resident/family education.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to develop, review and revise a resident comprehensive plan of care for one of 23 residents in stage 2 sample. (Resident #19)</p> <p>Findings include: [REDACTED]</p>	4 174	<p><u>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</u></p> <ul style="list-style-type: none"> <li>The change in the protocol will ensure that the facility will include a comprehensive plan of care upon receiving a physician's order for [REDACTED] medication.</li> <li>The DON will provide a current list of residents on [REDACTED] medication to the social service consultant (monthly) to ensure that the plan of care includes the use of said medication and alternative therapeutic strategies to reduce medication usage.</li> </ul> <p><u>How the corrective actions(s) will be monitored to ensure the deficient practice will not recur.</u></p> <ul style="list-style-type: none"> <li>The DON will initiate a facility protocol on the use of [REDACTED] medication that will include an update to the resident's plan of care.</li> <li>The DON will implement a quarterly social service chart audit to ensure that the deficient practice will not recur.</li> </ul>	
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 and interview the facility failed to secure all medications in a locked storage area for 1 of 8 residents observed for medication administration.</p> <p>Finding includes: [REDACTED]</p>	4 194	<p><b>4194 PHARMACEUTICAL SERVICES</b> <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</u></p> <ul style="list-style-type: none"> <li>The Director of Nursing (DON) will review/update the policy and procedures on medication administration for current and new licensed nurses.</li> <li>The DON will conduct on-going training for new and current licensed nurses in regards to the policy and procedures for medication administration.</li> </ul>	6/7/16

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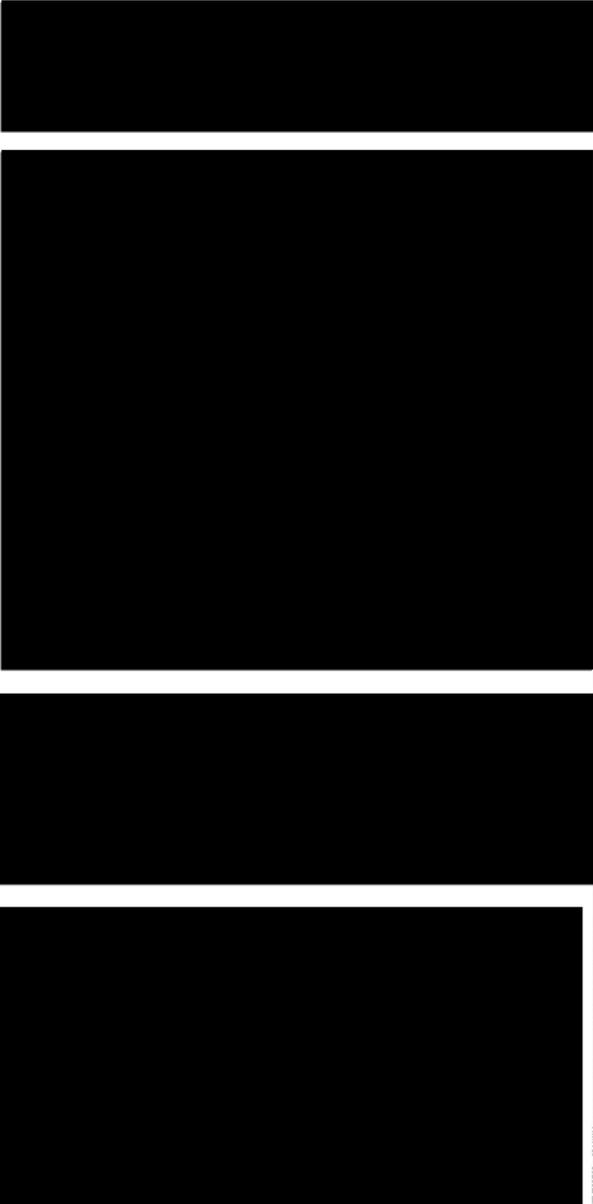
4 194	Continued From page 3 	4 194	<p><u>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</u></p> <ul style="list-style-type: none"> <li>The deficient practice affects all current and new residents.</li> </ul> <p><u>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</u></p> <ul style="list-style-type: none"> <li>The DON will conduct random medication administration observation to prevent the deficient practice from recurring.</li> </ul>	
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 observation, staff interviews, and policy review, the facility did not ensure it maintained a safe, sanitary environment to help prevent the development and transmission of disease and infection.</p> <p>Findings include:</p> 	4 203	<p><u>How the corrective actions(s) will be monitored to ensure the deficient practice will not recur.</u></p> <ul style="list-style-type: none"> <li>The DON will conduct an observation of medication administration each quarter.</li> </ul> <p><b>4203 INFECTION CONTROL</b></p> <p><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</u></p> <ul style="list-style-type: none"> <li>On 04/29/16, the Director of Nursing (DON) discarded the tray used to dispense medication. In addition, on 05/09/16, the DON discussed hand sanitizing and hand washing techniques with licensed nurse #5.</li> </ul>	6/7/16

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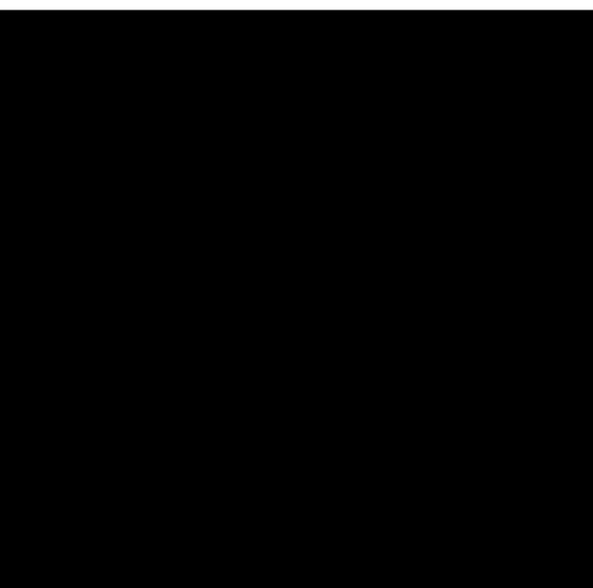
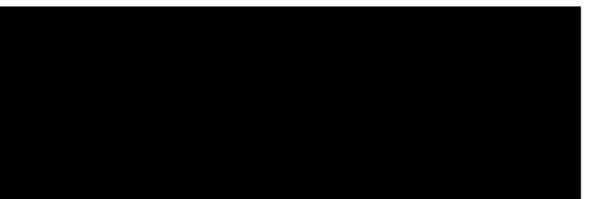
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4 203	Continued From page 4 	4 203	<ul style="list-style-type: none"> <li>The DON will conduct inservice education on medication administration to all licensed nurses.</li> <li>The facility housekeeping policies and procedures will be revised and updated to include the solutions that the housekeeping staff will use and their cleaning/sanitizing solution contact times. Wet times will be clearly marked on each bottle per instructions. As a reminder, the facility will post waiting periods for various cleaning chemicals in the housekeeping storage room.</li> <li>On 04/28/16, the blue container holding spoons was discarded and no longer in use.</li> </ul> <p><u>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</u></p> <ul style="list-style-type: none"> <li>The deficient practice affects all current and new residents.</li> <li>The DON will provide inservice education to all licensed staff and housekeeping personnel.</li> </ul> <p><u>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</u></p> <ul style="list-style-type: none"> <li>The DON will provide inservice education on infection control for all licensed staff and housekeeping personnel.</li> </ul>	
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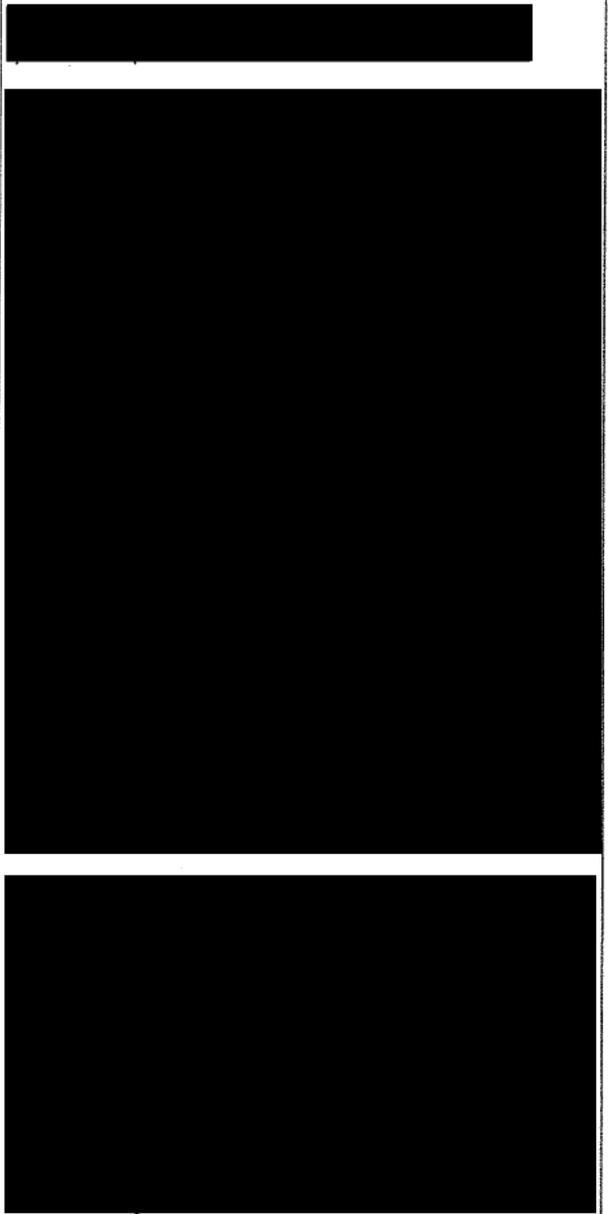
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4 203	Continued From page 5   	4 203	<ul style="list-style-type: none"> <li>Housekeeping procedures will be updated.</li> <li>Cleaning/sanitizing solution waiting periods will be clearly marked on each bottle and these times will be posted in the housekeeping storage room.</li> </ul> <p><u>How the corrective actions(s) will be monitored to ensure the deficient practice will not recur.</u></p> <ul style="list-style-type: none"> <li>The DON will initiate a Medication Administration Audit Tool and implement a Medication Storage Administration protocol.</li> <li>The DON will create a Housekeeping Audit tool.</li> </ul>	6/7/16

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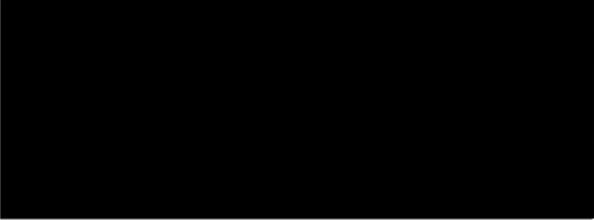
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4 203	Continued From page 7 	4 203		
4 281	11-94.1-65(e)(8) Construction requirements  (e) The facility shall have resident bedrooms that ensure the health and safety of residents:  (8) Each resident shall be provided with:  (A) A separate bed of proper size and height for the convenience of the resident and that permits an individual in a wheelchair to get in and out of bed unassisted; (B) A comfortable mattress with impermeable mattress cover, and a pillow with an impermeable cover; (C) Sufficient clean bed linen and blankets to meet the resident's needs; (D) Appropriate furniture, cabinets, and closets, accessible to and meeting individual resident's needs. Locked containers shall be available upon resident's request; and (E) An effective signal call system at the resident's bedside.  This Statute is not met as evidenced by: Based on observation, the facility failed to provide means for resident to communicate with nursing station for one resident in the stage 1 sample. (Resident #32).  Findings include:	4 281	<b>4281 CONSTRUCTION REQUIREMENTS</b>  <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</u>  <ul style="list-style-type: none"> <li>The Director of Nursing (DON) will conduct inservice education to all staff regarding the deficient practice.</li> <li>The facility will obtain a larger clip to help ensure that the call light cord will be accessible to the resident and not fall to the ground.</li> </ul> <u>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</u>  <ul style="list-style-type: none"> <li>The deficient practice affects all current and new residents.</li> <li>The charge nurse will check call light cords when making rounds.</li> <li>The certified nursing assistants (CNAs) supervisor will conduct early rounds to ensure that all call light cords are within reach of the resident.</li> </ul> <u>What measures will be put into place or what systemic changes you will make to</u>	

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4 281	Continued From page 8 	4 281	<p><u>ensure that the deficient practice does not recur.</u></p> <ul style="list-style-type: none"> <li>The DON will revise the facility environmental checklist to include call light cord accessibility.</li> <li>The assistant administrator or designee will conduct random checks on different shifts to ensure that the resident's call light cord is accessible to the resident.</li> </ul> <p><u>How the corrective actions(s) will be monitored to ensure the deficient practice will not recur.</u></p> <ul style="list-style-type: none"> <li>The DON will utilize QIS under F463  will monitor this tool quarterly.</li> </ul>	6/7/16