

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/23/2016</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**HI'OLANI CARE CENTER AT KAHALA NUI** **4389 MALIA STREET**  
**HONOLULU, HI 96821**

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4 000

11-94.1 Initial Comments

4 000

A relicensure survey was completed by the Department of Health, Office of Health Care Assurance on March 23, 2016.

4 145

11-94.1-38(a) Activities

4 145

(a) The facility must provide for an ongoing program of age-appropriate activities designed to meet the interests, physical, mental, and psychosocial well-being of each resident.

This Statute is not met as evidenced by:  
Based on interviews and record review, the facility did not provide ongoing activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of one (Resident #38) of two residents in the Stage 2 sample.

Findings include:



RECEIVED  
 2016 APR 15 P 1:41  
 STATE OF HAWAII  
 DOH-CHCA MEDICARE

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

TITLE

(X6) DATE

*Administrator*

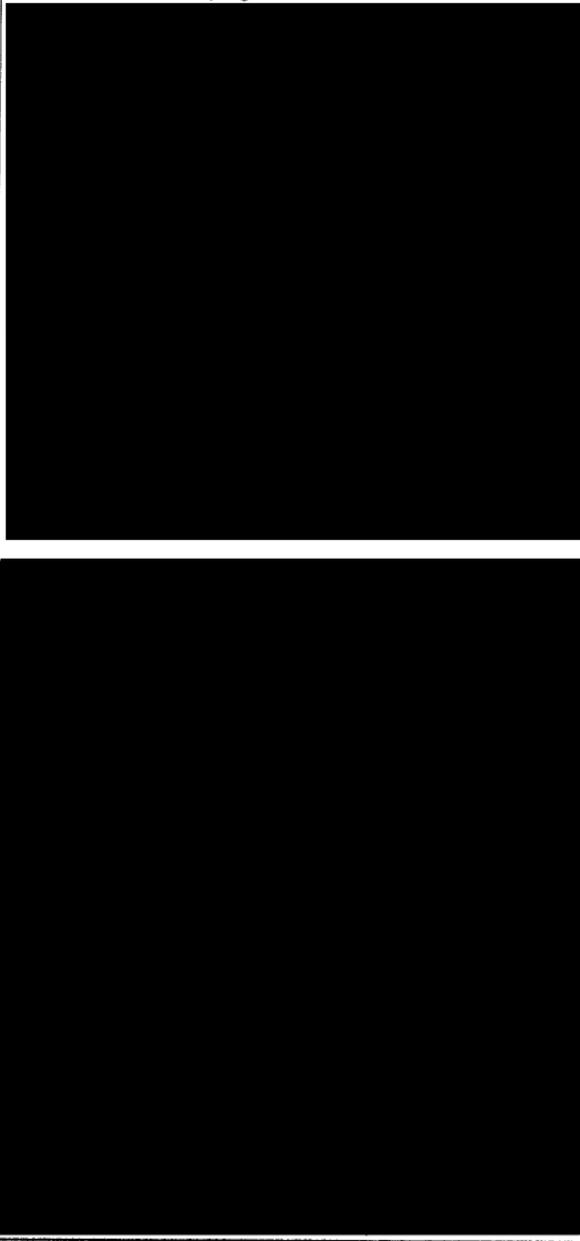
*4/11/16*

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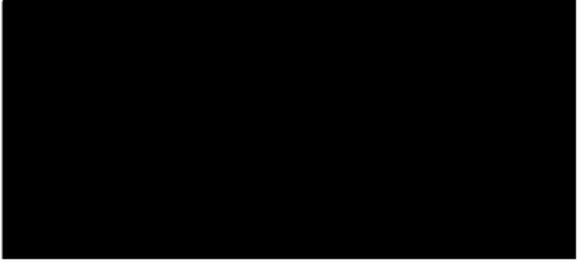
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4 145	Continued From page 1 	4 145	<p>Hi'olani will revise and update the activities (Lifestyles) Resident admission interview checklist to ensure that all new Residents have a fully developed activity program of their choice. This will include a discussion with each new Resident and their family members (or a translator) regarding their preferences when English is not their primary language. The Director of Lifestyles will conduct initial and periodic interviews with Residents to ensure that their preferences and choices are kept current. The Resident's activity choices will be included in their care plan and will be reviewed with the Resident and family at each subsequent care planning conference to ensure that the Resident's choices are meeting their needs. Additionally, the Director of Lifestyle will acquire activity items, such as books, magazines, puzzles and other related material published in the Resident's native language or language of choice (based on the Resident or family's request). The Director of Lifestyles, Director of Nursing and Assistant Director of Nursing will complete this update policy by April 15, 2016. The Lifestyles Director (activities) interviewed Resident #38 and family members and subsequently provided a variety of  reading material, puzzles, games and other items (which were requested by #38 and family members). This information was added to the Resident's care plan. This was completed by the Director of Lifestyles on March 24<sup>th</sup>, 2016.</p>	
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4 145	Continued From page 2 	4 145		
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 member, the facility failed to store food under sanitary conditions.</p> <p>Findings include:</p> <p>On 3/22/16 at 11:50 A.M. observed a 46 oz. container of thickened cranberry cocktail in an ice bucket on a cart in the dining room. The cocktail was labeled with a date of 3/12/16 and use by 3/19/16. Concurrent observation and interview was done with food service staff member at 12:25 P.M. The staff member confirmed the container</p>	4 159	<p>Kahala Nui Dining Services conducted in-service training for all kitchen and dietary staff, nursing completed in-service training regarding the policy to identify and remove expired food and beverage by the posted (expiration) date, The Kahala Nui Dietitian, Dietary Supervisor, Director of Nursing and Assistant Director of Nursing completed this training on April 5th, 2016. The expired container of cranberry cocktail was disposed of on 3/22/16. In order to eliminate the possibility of having expired containers of cranberry cocktail or other "bulk" beverages (for use by multiple Residents), Dining Services will purchase individual, single serve portion control drinks as needed. The Kahala Nui Dietitian completed this on April 6, 2016.</p>	

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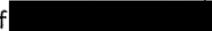
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4 159	Continued From page 3  was opened and was used. The staff member also confirmed the label with used by date of 3/19/16. The staff member reported that drinks are to be used within seven days and subsequently disposed the container of juice.	4 159		
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 resident/family education.  This Statute is not met as evidenced by: Based on interviews and record reviews, the facility did not develop an individualized care plan for two (Resident #38, #7) of 2 residents that includes measurable objectives and timetables to meet a resident's nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  Findings include: 	4 174		

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4 174	Continued From page 4   	4 174	<p>Hi'olani will revise and update the activities (Lifestyles) Resident admission interview checklist to ensure that all new Residents have a fully developed activity program of their choice. This will include a discussion with each new Resident and their family members (or a translator) regarding their preferences when English is not their primary language. The Director of Lifestyles will conduct initial and periodic interviews with Residents to ensure that their preferences and choices are kept current. The Resident's activity choices will be included in their care plan and will be reviewed with the Resident and family at each subsequent care planning conference to ensure that the Resident's choices are meeting their needs. Additionally, the Director of Lifestyle will acquire activity items, such as books, magazines, puzzles and other related material published in the Resident's native language or language of choice (based on the Resident or family's request). The Director of Lifestyles, Director of Nursing and Assistant Director of Nursing will complete this update policy by April 15, 2016. The Lifestyles Director (activities) interviewed Resident #38 and family members and subsequently provided a variety of  reading material, puzzles, games and other items (which were requested by #38 and family members). This information was added to the Resident's care plan. This was completed by the Director of Lifestyles on March 24<sup>th</sup>, 2016.</p>	
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4 174	Continued From page 5 	4 174	Hi'olani will revise the interdisciplinary team process and procedures to include verification of ongoing and timely care planning and interdisciplinary team discussions between Hi'olani staff and the Hospice agency team members. Verification of all discussion will include Hi'olani and Hospice staff meeting to review and update the Resident's plan of care and evaluate the Resident's ongoing situation and needs. This will be evidenced by Representatives of both teams reviewing and signing off on each other's care plans. The Director of Social Services, Director and Assistant Director of Nursing and Hi'olani MDS Coordinator held meetings with all four hospice agencies to review important documentation to be included in the hospice section of the facility chart, such as each discipline's assessment, updated and latest care plan and progress notes. Care plans shall indicate specific hospice services provided to the Resident. Meetings were completed on April 1, 2016. Going forward, the Director of Social Services, Director and Assistant Director of Nursing will validate through joint care plan meetings (with hospice agencies), that the Resident's needs and wishes are being met, that documentation is comprehensive and that the care planning process on the part of both teams is complete. A meeting was held with the hospice agency responsible for Resident #2 to discuss and complete the care plan. This was completed by the Director of Social Services, Director and Assistant Director of Nursing on April 1, 2016.	
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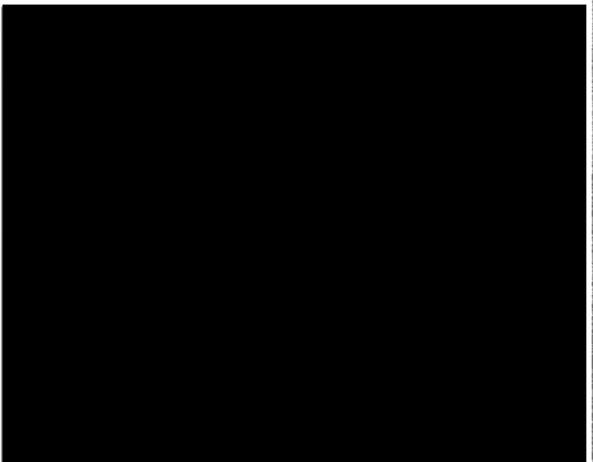
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4 174	Continued From page 6   	4 174		

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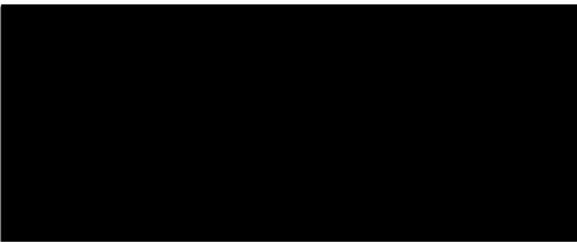
4 174	Continued From page 7  	4 174		
4 218	11-94.1-55(e) Housekeeping  (e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair.  This Statute is not met as evidenced by: Based on observation and interview with staff member, the facility failed to provide housekeeping services to maintain a sanitary interior.  Findings include:	4 218		

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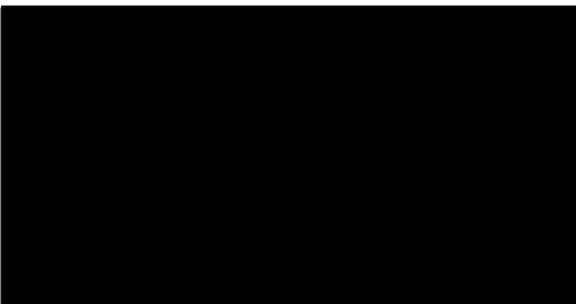
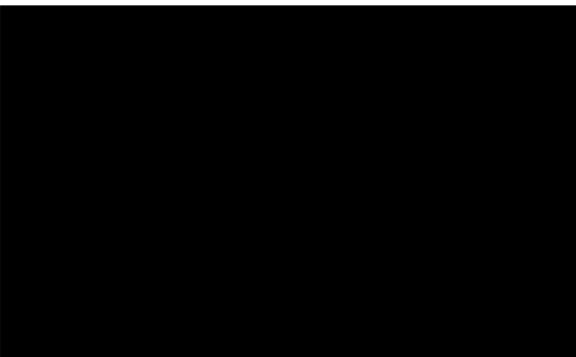
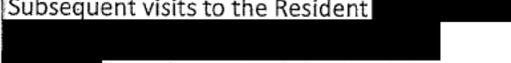
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4 218	Continued From page 8  On 3/22/16 at 11:50 A.M. observation in the dining room during the lunch meal found the wall with brown smattering and brown drip marks above a bin. The sign placed above the bin read, "table cloth, table napkins only". The wall above another bin with a sign for "clothing protector only" had a brown smudge and red substance on the laminated sign. Concurrent observation and interview was done with the Director of Nursing at 12:05 P.M. The DON confirmed the brown colored marks on the wall and reported it may be food that splattered on the wall.	4 218	The Director of Housekeeping Services conducted in-service training regarding sanitary cleaning conditions and wall cleaning for all housekeeping staff on March 23, 2016. The Housekeeping staff cleaned the dining room wall with the brown smudge on March 22, 2016. The Director and Assistant Director of Housekeeping will continue to conduct routine (weekly) inspections of all Hi'olani floors as well as make daily rounds to ensure the facility is kept clean and in good repair.	
4 249	11-94.1-65(b)(2) Construction requirements  (b) The facility shall be fully accessible to, and functional for, physically disabled residents, personnel, and the public.  (2) Temperature and humidity shall be maintained within a normal comfort range;  This Statute is not met as evidenced by: Based on interviews and observation, the facility did not provide comfortable and safe temperature levels for one (Resident #38) of 2 resident interviews done in Stage 1.  Findings include: 	4 249		

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4 249	Continued From page 9    	4 249	<p>Hi'olani will update the admissions and care planning process procedure to routinely include questions about the temperature of the room and the Residents preference for warmer (or cooler) temperature settings. This information (Resident preferences) will be included in the interdisciplinary care plan. While each room has individual air conditioning controls to allow Residents to adjust their overall room temperature setting to meet their own preferences, vents which push cold air into the rooms are not as easily adjusted. Based on the Resident's preference, the Building and Operations staff (Maintenance) will redirect air conditioning vents away from or towards an identified location in each Resident's room. For Resident #38, the room vents were redirected away from  bed . Subsequent visits to the Resident   have determined that both the Resident and family are now satisfied with the room temperature. The Director of Social Services, the Director and Assistant Director of Nursing will ensure that each Resident's room temperature is satisfactory and meets the Resident comfort needs and temperature preference by checking with the Resident/family during routine visits and ongoing care conferences.</p>	