

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2016
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RECEIVED

NAME OF PROVIDER OR SUPPLIER KAUAI CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9611 WAENA ROAD WAIMEA, HI 96796
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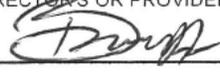
2016 JUN -8 P 4:33

STATE OF HAWAII

(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 relicensure survey was conducted at the facility from 5/17 - 5/20/16.	4 000		
4 105	11-94.1-22(g) Medical record system (g) All entries in a resident's record shall be: (1) Accurate and complete; (2) Legible and typed or written in black or blue ink; (3) Dated; (4) Authenticated by signature and title of the individual making the entry; and (5) Written completely without the use of abbreviations except for those abbreviations approved by a medical consultant or the medical doctor. This Statute is not met as evidenced by: Based on staff interviews, electronic medical record (EMR) and medical record reviews, the facility failed to ensure that the clinical records included documentation on the changing status for 1 of 25 residents in the census sample, and that this resident's record was accurate and complete. Findings include: 	4 105	4 105 1. Resident #71 no longer resides at facility. 2. Review of other residents done to verify code status orders are consistent with resident wishes. No concerns noted. 3. Education done for Licensed Nurses on reviewing code status wishes with Resident/POA on admission or readmission. Education done with Interdisciplinary Team regarding reviewing code status wishes with resident/POA at care conferences to validate their wishes match current orders. 4. DNS/Designee to review resident care conference notes to ensure code status has been reviewed with resident/POA and current orders match their wishes weekly for 4 weeks and monthly for 2 months. Results will be reviewed and reported to the Quality Assurance Committee for 3 months and ongoing as needed.	6/30/16

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



TITLE

Administrator

(X6) DATE

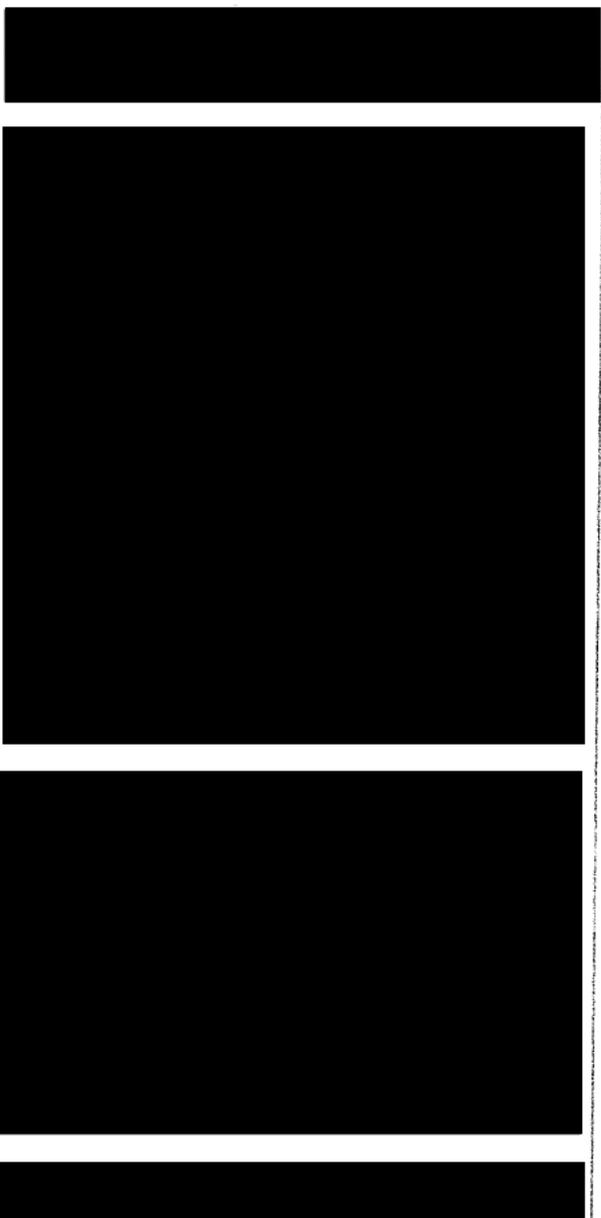
6/6/16



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4 105	Continued From page 1 	4 105		

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4 105	Continued From page 2 	4 105		
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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 interview, the facility failed to provide safe and comfortable bathrooms, including fixtures to be kept in good repair, for 8 resident bedrooms with adjoining bathrooms on one nursing unit, and, failed to also ensure the hand rails were kept in good repair on the same nursing unit.</p> <p>Findings include:</p> <p>1. During the Stage 1 observations of the residents' room furnishings and bathrooms on the Laulima unit, it was found that many of the residents' bathrooms had floor tiles which were worn and unsightly. This included the bathrooms found in rooms 3, 4, 6, 7, 12, 13, 14 and 15.</p> <p>During Stage 2, an environmental tour was conducted with the facility's maintenance person who agreed with the findings: The bathroom</p>	4 218	<p>4 218</p> <p>1. A.) Bathroom floor tiles in rooms 3, 4, 6, 7, 12, 13, 14, and 15 will be cleaned or replaced. B.) Cracked wall in the bathroom of rooms 3 and 4 will be repaired. C.) Broken tile and rusted grab bar will be replaced in bathroom of rooms 12 and 13. D.) Rusted screws in bathroom of rooms 14 and 15 will be removed. E.) Vinyl floor edging that came off of the wall in bathroom of rooms 6 and 7 will be replaced. F) Handrails outside of the conference room will be repaired so there are no areas that are rough to touch.</p> <p>2. Bathrooms in facility checked for worn or unsightly floor tiles, cracks in walls, broken tiles, rusted screws and grab bars, and vinyl floor edging coming</p>	6/30/16
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4 218	<p>Continued From page 3</p> <p>floors in many of the shared resident bathrooms (adjoining bedrooms), had large black, spotty areas marked on the floor tiles. One of the walls in the bathroom between rooms 3 and 4 had a large horizontal crack in it. The resident bathroom for rooms 12 and 13 had broken tile in the shower cubicle, along with a grab bar that was rusted. The bathroom between rooms 14 and 15 had 8 screws in the upper part of the shower cubicle that had all rusted. In addition, the vinyl floor edging in the bathroom shared by residents in rooms 6 and 7 had come apart from the wall, creating a flap with the vinyl exposed.</p> <p>2. It was found in the Laulima unit, that the handrails outside of the conference room had exposed areas of wood that had been cut away and was rough to touch. The handrail was in an area where some of the residents mobilized freely. This was acknowledged by the maintenance lead person during the environmental tour done in Stage 2 of the survey.</p>	4 218	<p>apart from the walls. Handrails in the facility checked for exposed areas of wood that are rough to touch.</p> <p>3. Staff education done regarding reporting unsightly or unsanitary conditions in resident bathrooms. Staff education also done on the hazards of having handrails that have exposed areas of wood that are rough to touch.</p> <p>4. Maintenance Supervisor will audit resident bathrooms and facility handrails weekly for 4 weeks and monthly for 2 months to ensure bathrooms are maintained in a sanitary, orderly, and comfortable manner, and to ensure handrails are maintained and are free of exposed areas of wood that are rough to touch. Results will be reviewed and reported to the Quality Assurance Committee monthly for 3 months.</p>	
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