

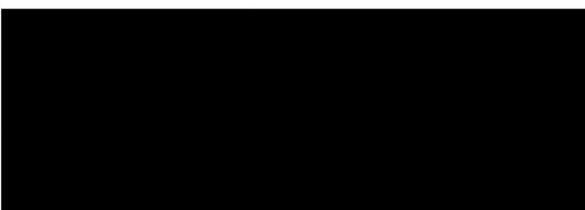
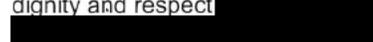
Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  04/01/2016
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RECEIVED

NAME OF PROVIDER OR SUPPLIER  KUAKINI GERIATRIC CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 347 NORTH KUAKINI STREET HONOLULU, HI 96817
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(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
4 000	11-94.1 Initial Comments  A state relicensure survey was conducted at the facility from 3/29 - 4/1/16. At the time of the entrance, the resident census was 178.	4 000	4 113 <u>Corrective actions:</u> - Resident #345 has been discharged to home after completion of the resident's rehabilitation care plan.	04/16/2016
4 113	11-94.1-27(2) 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:  (2) The right to be free of interference, coercion, discrimination, and reprisal from the facility that shall include the right to be free of chemical or physical restraints not medically indicated;  This Statute is not met as evidenced by: Based on resident and staff interviews and medical record review (MRR), the facility failed to ensure that 2 residents (R#345 and R #161) on the survey census sample were treated in a dignified manner.  Findings include:  	4 113	- Licensed staff caring for Resident #345 were re-educated on the provision of care for residents in a manner that maintains or enhances each resident's dignity and respect by providing an explanation to the resident for any delays in providing resident's medication.  - Licensed staff caring for Resident #345 were re-educated on procedures for obtaining, dispensing, administering and documenting critical medications provided to residents.  - CNA #1 was re-educated on residents' dignity and respect   <u>Identification of other residents:</u> - All residents admitted to the SNF and ICF having admission orders for critical medications (e.g., for pain) were reviewed for timely ordering, receiving, dispensing, and administering of medications to meet the needs of the admitted residents.  <u>Systemic changes:</u> - The Shift Coordinator will monitor the new admission process every one-hour until the critical medication has been received from the KMC Pharmacy and administered to the resident.  - The Shift Coordinator will keep the resident updated and informed of the progress of obtaining the critical medication and be available to answer any other questions of the resident.	04/01/2016  04/01/2016  04/01/2016  03/31/2016 & ongoing  03/31/2016 & ongoing  04/04 2016 & ongoing

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

*Ray Dagon*

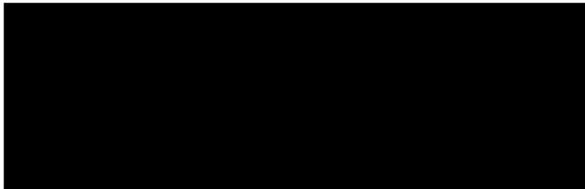
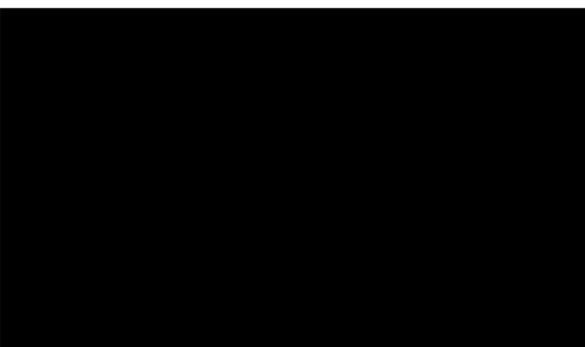
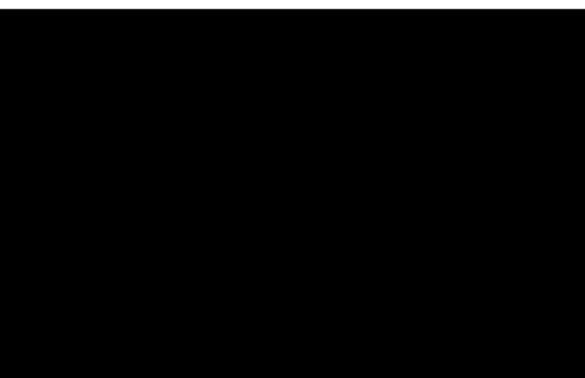
TITLE  
President & CEO  
(X6) DATE  
4/28/2016

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4 113	Continued From page 1   	4 113	<p><u>4 113 (cont'd)</u></p> <ul style="list-style-type: none"> <li>- A mandatory nursing staff in-service on Resident Rights / Dignity and Respect has been scheduled. The in-service will include communication with residents that promotes care for residents in a manner that maintains or enhances each resident's dignity and respect in full recognition of resident's individuality.</li> <li>- Within the first 72 hours of a resident's admission, nursing management will interview the resident to ensure that care is being provided in a manner that maintains or enhances each resident's dignity and respect. Any negative responses will be reported to the DON.</li> </ul> <p><u>Monitoring of corrective actions:</u></p> <ul style="list-style-type: none"> <li>- A monthly report of the feedback from interviews of residents (within the first 72 hours of admission) will be reviewed by the DON and nursing management and at the monthly Interdisciplinary Team (IDT) meetings and at the quarterly Performance Improvement Committee meetings.</li> </ul>	<p>04/27/2016</p> <p>04/21/2016 &amp; ongoing</p> <p>05/12/2016 &amp; ongoing</p>
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4 118	<p>11-94.1-27(7) Resident rights and facility practices</p> <p>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,</p>	4 118	<p><u>4 118</u></p> <ul style="list-style-type: none"> <li>- Resident #247 was offered the influenza and pneumococcal vaccine and Resident #247 signed the KGC immunization refusal form.</li> <li>- Resident #335 was offered the influenza and pneumococcal vaccine and Resident #335 signed the KGC immunization refusal form.</li> </ul>	<p>04/21/2016</p> <p>04/21/2016</p>
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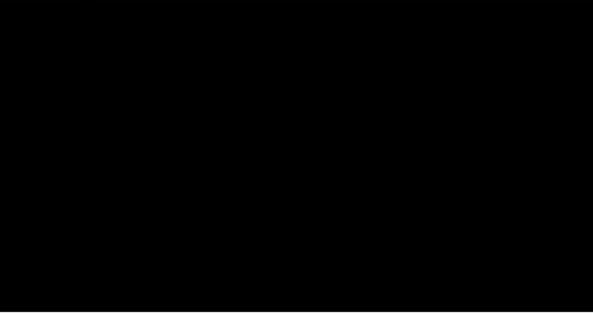
**KUAKINI GERIATRIC CARE, INC** **347 NORTH KUAKINI STREET**  
**HONOLULU, HI 96817**

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4 118	<p>Continued From page 2</p> <p>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:</p> <p>(7) The right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive;</p> <p>This Statute is not met as evidenced by: Based on medical record reviews and staff interviews the facility failed to ensure that 2 of 5 residents (R#247 and R#335) that were reviewed for immunizations, were given the opportunity to receive the influenza and pneumococcal vaccine.</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>	4 118	<p><u>4 118 (cont'd)</u></p> <ul style="list-style-type: none"> <li>- Resident #335 had the PPD was repeated and the results were read and documented in the resident's medical record.</li> </ul> <p><u>Identification of other residents:</u></p> <ul style="list-style-type: none"> <li>- All residents' medical records were audited to ensure that influenza and pneumococcal vaccinations were offered and documented for receiving vaccinations or refusal of vaccinations, and the completion of PPD testing and documentation of test results.</li> </ul> <p><u>Systemic changes:</u></p> <ul style="list-style-type: none"> <li>- Upon resident admission, influenza and pneumococcal vaccinations and PPD testing will be placed on the resident's MAR to alert the licensed nurses to administer the vaccines and PPD. The licensed nurse will document on the MAR, the administration or refusal of vaccinations and PPD results.</li> <li>- If the resident refused the influenza and/or pneumococcal vaccination, the licensed nurses will follow up with the resident or responsible party on signing the immunization refusal form and placing the form in the resident's medical record.</li> <li>- All licensed nurses were in-serviced on the updated influenza and pneumococcal vaccination and PPD testing procedures.</li> </ul> <p><u>Monitoring of corrective actions:</u></p> <ul style="list-style-type: none"> <li>- The Unit Clerks will maintain a Resident Chart Audit Log that includes influenza and pneumococcal vaccinations and PPD tests with the last dates of influenza and pneumococcal vaccine administration or declination, and last date of PPD tests.</li> <li>- Nursing management will review the Resident Chart Audit Log on a weekly basis to ensure that influenza and pneumococcal vaccinations were offered and administered or declined, and PPD tests were administered and test results were documented.</li> </ul>	<p>04/17/2016</p> <p>04/06/2016</p> <p>04/25/2016</p> <p>04/25/2016</p> <p>04/25/2016</p> <p>04/06/2016 &amp; ongoing</p> <p>04/06/2016 &amp; ongoing</p>

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4 118	Continued From page 3 	4 118	4 118 (cont'd) - Influenza and pneumococcal vaccinations and PPD tests data in the Resident Chart Audit Log will be reviewed by the DON and nursing management and at the monthly Interdisciplinary Team (IDT) meetings and at the quarterly Performance Improvement Committee meetings.	05/12/2016 & ongoing
4 124	<p>11-94.1-27(13) Resident rights and facility practices</p> <p>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:</p> <p>(13)The right to be fully informed, prior to or at the time of admission and during the resident's stay of services available in or through the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate;</p> <p>This Statute is not met as evidenced by: Based on record reviews and interview the facility failed to supply resident with liability notice for one of three residents (R #15) reviewed during stage 2 of the survey.</p> <p>Findings include: </p>	4 124	<p>4 124 <u>Corrective actions:</u> - Resident #15 was aware and agreed with the discharge plan to ICF. Social Worker explained service and end date and beneficiary rights to appeal. Resident #15 expressed understanding of his rights and did not express a desire to appeal. Liability notice (NOMNC) form that should have been provided to the resident to document the explanation of resident's rights was not found.</p> <p><u>Identification of other residents:</u> - A chart audit was completed of all residents that were discharged or changed level of care within the past 30 days to ensure that all liability notice (NOMNC) forms were issued to the residents and filed in the residents' medical records.</p> <p><u>System changes:</u> - The liability notice procedure has been updated for the following:</p> <ul style="list-style-type: none"> <li>-- The NOMNC form will be placed in the resident's medical record upon admission.</li> <li>-- The Social Worker will update the discharge calendar at the nursing station when the discharge date or change in level of care has been set. A red box with "NOMNC" will be written under each resident's name.</li> </ul>	02/11/2016  04/04/2016  04/05/2016

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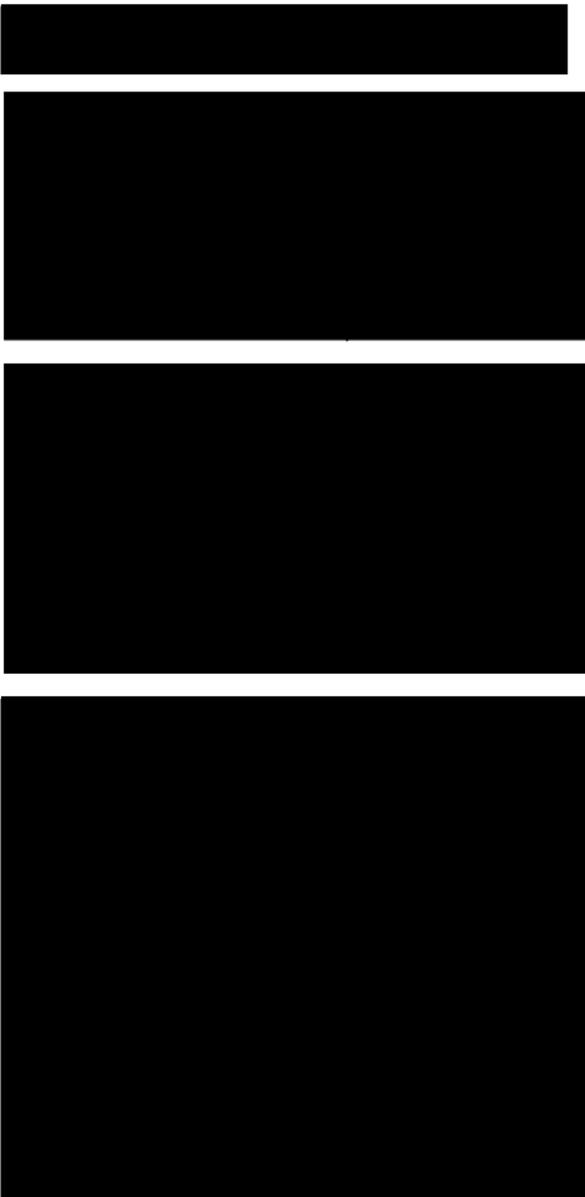
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4 124	Continued From page 4 	4 124	4 124 (cont'd) -- The Charge Nurse will check off the "NOMNC" red box under the resident's name on the discharge calendar when the NOMNC form has been issued to the resident being discharged or changing level of care.	
4 136	11-94.1-30 Resident care  The facility shall have written policies and procedures that address all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status, including but not limited to:  (1) Respiratory care including ventilator use; (2) Dialysis; (3) Skin care and prevention of skin breakdown; (4) Nutrition and hydration; (5) Fall prevention; (6) Use of restraints; (7) Communication; and (8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth.  This Statute is not met as evidenced by: Based on resident and staff interviews and MRR the facility failed to ensure that 2 residents (R#345 and R#346) in the Census Sample were provided the necessary services and care for pain relief.  Findings include: 	4 136	-- A copy of the NOMNC form issued to the resident will be forwarded to Business Services.  - All licensed nurses have been in-serviced on the updated liability notice (NOMNC) form procedure.  - Nursing management and/or the Social Worker will review the discharge calendar daily to ensure that the liability notice (NOMNC) forms are issued to the residents being discharged or changing level of care.  <u>Monitoring of corrective actions:</u> - Business Services will provide the DON a monthly report of all NOMNC forms received from KGC.  - A monthly compliance report of residents discharged or have changed level of care and were issued a liability notice (NOMNC) form will be reviewed by the DON and nursing management and at the monthly Interdisciplinary Team (IDT) meetings and at the quarterly Performance Improvement Committee meetings.	04/25/2016  04/05/2016  05/01/2016  05/12/2016 & ongoing

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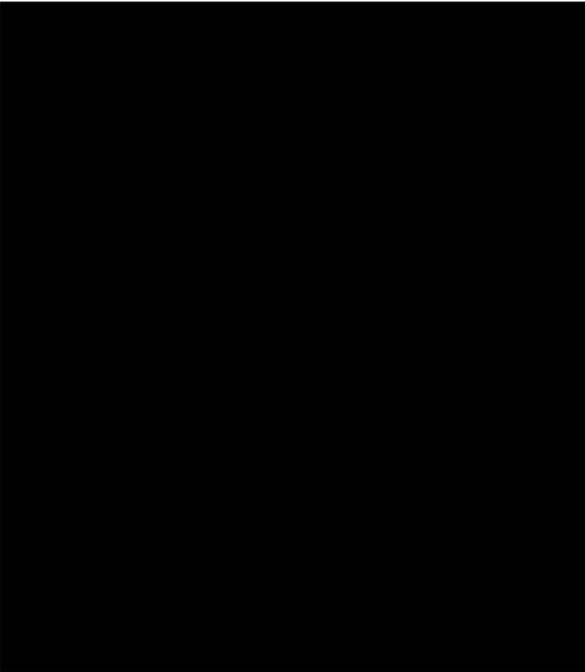
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4 136	Continued From page 5 	4 136	<p>4 136</p> <p><u>Corrective actions:</u></p> <ul style="list-style-type: none"> <li>- Resident #346 has been discharged to home after completion of the resident's rehabilitation care plan.</li> <li>- Resident #345 has been discharged to home after completion of the resident's rehabilitation care plan.</li> <li>- Licensed staff caring for Residents #345 and #346 were re-educated on procedures for obtaining, dispensing, administering, and documenting critical medications provided to residents.</li> </ul> <p><u>Identification of other residents:</u></p> <ul style="list-style-type: none"> <li>- All residents admitted to the SNF and ICF with having admission orders for critical medications (e.g., for pain) were reviewed for timely ordering, receiving, dispensing, and administering of medications to meet the needs of the admitted residents.</li> </ul> <p><u>Systemic changes:</u></p> <ul style="list-style-type: none"> <li>- Any critical medications (including but not limited to pain, cardiac, and diabetic medications), as determined by the receiving physician, that are required within eight hours of admission, will be ordered through the Kuakini Medical Center (KMC) Pharmacy as a one-time dose.</li> <li>-- Licensed nurse will review admission pharmacy orders with the receiving physician and a STAT verbal order for any critical medications will be given by the physician to the licensed nurse.</li> <li>-- Admitting nurse will call the STAT medication order to the KMC Pharmacy and will fax the written telephone order.</li> <li>-- KMC Pharmacy will fill the STAT medication order within one hour. KMC Pharmacy will notify KGC Shift Coordinator when medication is available for dispensing.</li> </ul>	<p>04/02/2016</p> <p>04/16/2016</p> <p>03/31/2016</p> <p>03/31/2016 &amp; ongoing</p> <p>03/31/2016 &amp; ongoing</p>

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4 136	Continued From page 6  	4 136	4 136 (cont'd) - Licensed nurses will complete the New Admit Pharmacy Order Tracking Log for every new resident admission with critical medications to document the time of admission, placing of order with the KMC Pharmacy, and the receiving of medication for administering to resident.  - The Shift Coordinator will monitor the new admission process every one-hour until any critical medication has been received from the KMC Pharmacy and administered to the resident.  - Licensed nurses have been in-serviced on the Emergency Medications from KMC policy and the completion of the New Admit Pharmacy Order Tracking Log.  <u>Monitoring of corrective actions:</u> - The New Admit Pharmacy Order Tracking Log will be reviewed by the DON and/or nursing management on a daily basis to ensure that for all residents admitted with having admission pharmacy orders for critical medications the pharmacy orders are received, and for administering the medications on a timely basis to meet the needs of the admitted residents.  - A monthly report of the timeliness of administering critical medications for all residents admitted with admission pharmacy orders for critical medications will be reviewed by the DON and nursing management and at the monthly Interdisciplinary Team (IDT) meetings and at the quarterly Performance Improvement Committee meetings.	03/31/2016 & ongoing  03/31/2016 & ongoing  03/31/2016  03/31/2016 & ongoing  05/12/2016 & ongoing
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	4 159		

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4 159	<p>Continued From page 7</p> <p>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, staff interviews, and policy reviews, the facility failed to store, prepare, and distribute food under sanitary conditions, pervasive throughout the kitchens.</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 100px; margin-top: 10px;"></div> <div style="background-color: black; width: 100%; height: 100px; margin-top: 10px;"></div>	4 159	<p><u>4 159</u></p> <p><u>Corrective actions:</u></p> <ul style="list-style-type: none"> <li>- Ice machines in KGC and main (KMC) kitchens were cleaned by Dietary staff. <span style="float: right;">03/29/2016</span></li> <li>- KGC and main (KMC) kitchens Dietary Cooks were re-educated on (1) proper labeling of food with "use by" / expiration / discard dates and labeling of thawing food with dates when food item is taken out of the freezer, and (2) ensure that the storage of food is maintained under sanitary conditions. <span style="float: right;">03/29/2016</span></li> <li>- Walls in the KGC and main (KMC) kitchens were cleaned of identified food-splattering by Dietary staff. <span style="float: right;">04/05/2016</span></li> <li>- KGC and main (KMC) kitchens Dietary staff were re-educated on the daily monitoring and recording of refrigerator temperatures and sanitization controls. <span style="float: right;">04/27/2016</span></li> </ul> <p><u>Systemic changes:</u></p> <ul style="list-style-type: none"> <li>- KGC and main (KMC) kitchens Dietary staff were in-serviced on cleaning ice machine lids in KGC and main (KMC) kitchens on a weekly basis and on cleaning walls with food splattering on a daily basis. <span style="float: right;">04/27/2016</span></li> <li>- Food Service supervisors will include a review of ice machine lid cleaning and wall cleaning of KGC and main (KMC) kitchens in Dietary Cleanliness Rating Tracer Log. <span style="float: right;">04/27/2016 &amp; ongoing</span></li> <li>- The Safe Labeling and Discard Guidelines policy was revised to provide for consistent labeling of foods, with "use by" / expiration / discard dates and labeling of thawing food with the dates when food item is taken out of the freezer. <span style="float: right;">04/22/2016</span></li> <li>- KGC and main (KMC) kitchen Dietary staff were in serviced on the revised Safe Labeling and Discard Guidelines policy that provides for consistent labeling of foods, with "use by" / expiration / discard dates and labeling of thawing food with the dates when food item is taken out of the freezer. <span style="float: right;">04/27/2016</span></li> </ul>	

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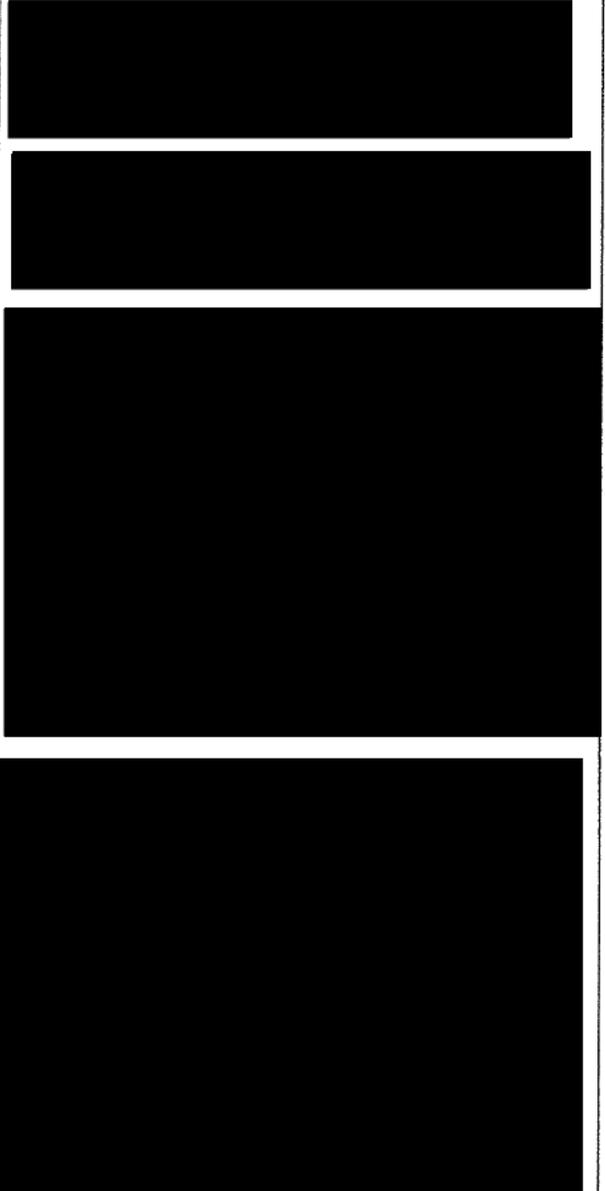
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4 159	Continued From page 8     	4 159	<p>4 159 (cont'd)</p> <ul style="list-style-type: none"> <li>- Food Service supervisors will conduct daily observation rounds in KGC and main (KMC) kitchens to ensure that Dietary staff are properly labeling food with the "use by" / expiration / discard dates and labeling of thawing food with the dates when food item is taken out of the freezer, in accordance with the revised Safe Labeling and Discard Guidelines policy.</li> <li>- Food Service supervisors will monitor daily the recording of refrigerator temperatures and sanitization controls.</li> </ul> <p><u>Monitoring of corrective actions:</u></p> <ul style="list-style-type: none"> <li>- Results from Dietary Cleaning Rating Tracer, Log, including ice machine lid cleaning and wall cleaning, will be reviewed by the Manager, Dietary Services on a monthly basis and reported at the quarterly Performance Improvement Committee meetings.</li> <li>- A monthly compliance report of the daily observations of the proper labeling of food with the "use by" / expiration / discard dates and labeling of thawing food with the dates when food item is taken out of the freezer, in accordance with the revised Safe Labeling and Discard Guidelines policy, will be reviewed by the Manager, Dietary Services on a monthly basis and reported at the quarterly Performance Improvement Committee meetings.</li> <li>- A monthly compliance report of the daily recording of refrigerator temperatures and sanitization controls will be reviewed by the Manager, Dietary Services on a monthly basis and reported at the quarterly Performance Improvement Committee meetings.</li> </ul>	<p>04/27/2016 &amp; ongoing</p> <p>04/27/2016 &amp; ongoing</p> <p>04/29/2016 &amp; ongoing</p> <p>04/29/2016 &amp; ongoing</p> <p>04/29/2016 &amp; ongoing</p>

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/01/2016
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NAME OF PROVIDER OR SUPPLIER  KUAKINI GERIATRIC CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 347 NORTH KUAKINI STREET HONOLULU, HI 96817
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4 159	Continued From page 9 	4 159		

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4 159	Continued From page 10 	4 159		
4 185	11-94.1-46(b) Pharmaceutical services  (b) A facility shall have a current pharmacy policy manual consistent with current pharmaceutical practices developed and approved by the pharmacist, medical director/medical advisor, and director of nursing that:  (1) Includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services, including the safe administration and handling of all drugs and self-administration of drugs. Policies and procedures shall include pharmacy functions and responsibilities, formulary, storage, administration, documentation, verbal and telephone orders, authorized personnel, recordkeeping, and disposal of drugs;  (2) Is reviewed at least every two years and revised as necessary to keep abreast of current developments in overall drug usage; and  (3) Has a drug recall procedure that can be readily implemented.  This Statute is not met as evidenced by:	4 185	<p><u>4 185</u> <u>Corrective actions:</u> - Resident #346 has been discharged to home after completion of the resident's rehabilitation care plan.</p> <p>- Resident #345 has been discharged to home after completion of the resident's rehabilitation care plan.</p> <p>- Licensed staff caring for Residents #345 and #346 were re-educated on procedures for obtaining, dispensing, administering, and documenting critical medications provided to residents.</p> <p><u>Identification of other residents:</u> - All residents admitted to the SNF and ICF with admission orders for critical medications (e.g., for pain) were reviewed for timely ordering, receiving, dispensing, and administering of medications to meet the needs of the admitted residents.</p> <p><u>Systemic changes:</u> - Any critical medications (including, but not limited to pain, cardiac, and diabetic medications), as determined by the receiving physician, that are required within eight hours of admission, will be ordered through the Kuakini Medical Center (KMC) Pharmacy as a one-time dose.  -- Licensed nurse will review admission pharmacy orders with the receiving physician and a STAT verbal order for any critical medications will be given by the physician to the licensed nurse.</p>	<p>04/02/2016</p> <p>04/16/2016</p> <p>03/31/2016</p> <p>03/31/2016 &amp; ongoing</p> <p>03/31/2016 &amp; ongoing</p>

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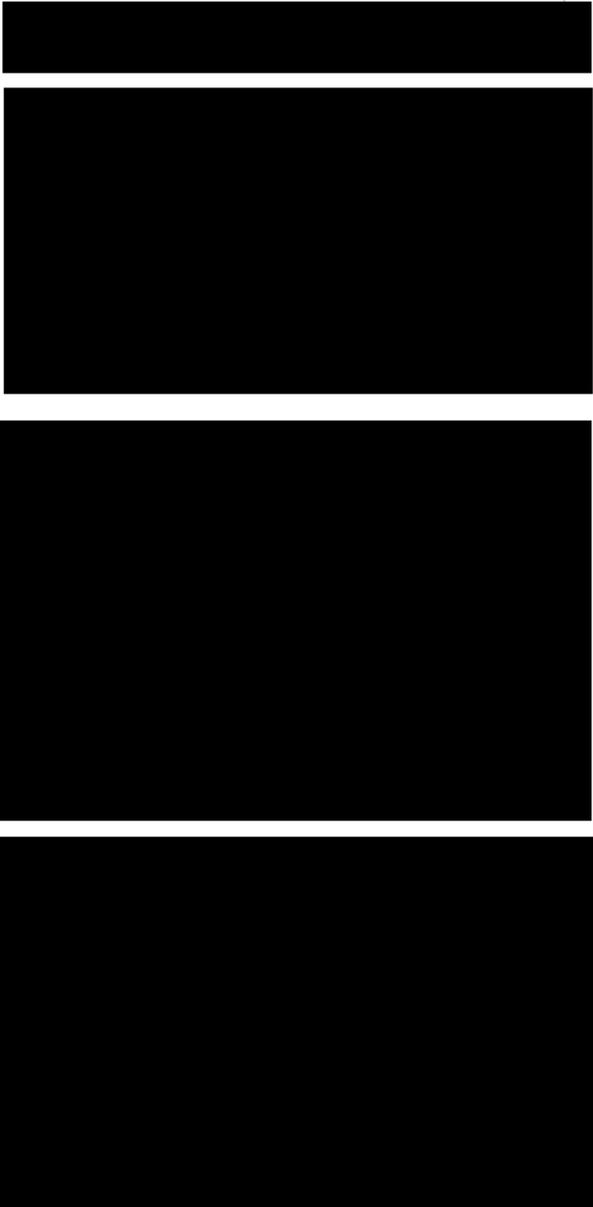
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4 185	<p>Continued From page 11</p> <p>Based on record review and interviews the facility failed to provide the pharmaceutical services to assure the receiving, dispensing and administration of drugs to meet the needs of 2 residents in the Stage 2 sample (Residents #346 and #345).</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>	4 185	<p><u>4 185 (cont'd)</u></p> <ul style="list-style-type: none"> <li>-- Admitting nurse will call the STAT medication order to the KMC Pharmacy and will fax the written telephone order.</li> <li>-- KMC Pharmacy will fill the STAT medication order within one hour. KMC Pharmacy will notify KGC Shift Coordinator when medication is available for dispensing.</li> <li>- Licensed nurses will complete the New Admit Pharmacy Order Tracking Log for every new resident admission with critical medications to document the time of admission, placing of order with the KMC Pharmacy, and the receiving of medication for administering to resident.</li> <li>- The Shift Coordinator will monitor the new admission process every one-hour until any critical medication has been received from the KMC Pharmacy and administered to the resident.</li> <li>- Licensed nurses have been in-serviced on the Emergency Medications from KMC policy and the completion of the New Admit Pharmacy Order Tracking Log.</li> </ul> <p><u>Monitoring of corrective actions:</u></p> <ul style="list-style-type: none"> <li>- The New Admit Pharmacy Order Tracking Log will be reviewed by the DON and/or nursing management on a daily basis to ensure that for all residents admitted with admission pharmacy orders for critical medications, the pharmacy orders are received, and for administering the medications on a timely basis to meet the needs of the admitted residents.</li> </ul>	<p>03/31/2016 &amp; ongoing</p> <p>03/31/2016 &amp; ongoing</p> <p>03/31/2016</p> <p>03/31/2016 &amp; ongoing</p>

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4 185	Continued From page 12 	4 185	4 185 (cont'd) <u>Monitoring of corrective actions:</u> - A monthly report of the timeliness of administering critical medications for all residents admitted with admission pharmacy orders for critical medications will be reviewed by the DON and nursing management and at the monthly Interdisciplinary (IDT) meetings and at the quarterly Performance Improvement Committee meetings.	05/12/2016 & ongoing
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4 218	<p>Continued From page 14</p> <p>contained dark mold-like substance under the soap dispenser and peeling wallpaper under the sinks where the water pipes came out of the walls. In Rooms 603, 629 and 630, the caulking was peeling off the sink/wall; there was rust/dark mold like substances along walls where the sinks connected. In Room 626, the floor baseboard was splitting away from the wall and the room smelled musty/moldy. In room 625 there was a brownish/reddish discoloration running down the wall under the sink. The wall near the nurses station on the 6th floor had scuff marks, old tape and missing paint.</p> <p>On the 5th floor, 2 rooms were in disrepair. In Room 511, the wallpaper was splitting under the window. In Room 515, the paint was bubbling under the window.</p> <p>On the 4th floor, several rooms required maintainance. In Rooms 401, 402 and 404 the baseboard was splitting away from the wall near the door; wallpaper was bubbling/peeling near the bottom of the vent; and the baseboard under the vent was coming away from the tiles on the floor.</p> <p>On the 3rd floor, the hallways and a few rooms required maintenance. Outside Rooms 316, 317, 318, and 319 the baseboards were chipped and splitting away from the wall. In Room 313, the wallpaper was splitting under the window. In the hallway outside rooms 302 and 303, the wall was gouged out above the baseboards. The Central Bath across Room 310 had chipped tiles under the door.</p> <p>An interview with the Maintenance Department included the Managing Director, the Maintenance Manager and the Maintenance Supervisor on the morning of 4/1/16 at approximately 11:30 A.M.</p>	4 218	<p>4 218 (cont'd)</p> <p><u>Systemic changes:</u></p> <ul style="list-style-type: none"> <li>- Facilities Management will update the environment assessment listing of the SNF and ICF rooms and common areas requiring repairs / cleaning and will provide a monthly report to the Managing Director, Long Term Care to monitor progress of repair / restorative work in the SNF and ICF units.</li> </ul> <p><u>Monitoring of corrective actions:</u></p> <ul style="list-style-type: none"> <li>- Managing Director, Facilities Management, will report the progress of the repair / restorative work in the SNF and ICF at the quarterly Performance Improvement Committee meetings.</li> </ul>	<p>04/25/2016 &amp; ongoing</p> <p>04/25/2016 &amp; ongoing</p>
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4 218	<p>Continued From page 15</p> <p>found they were aware of the maintenance needs for residents' rooms. The Managing Director stated that since their last survey (3/30/15), the Maintenance Department went around to every room using a checklist to determine maintenance needs. The Managing Director then drafted a program to completely renovate individual rooms. They were in the process of implementing their maintenance plans but needed to collaborate with other departments to coordinate their efforts. The Managing Director stated their biggest challenge has been to move residents out of their respective rooms to do the complete renovation.</p> <p>A review of the facility's Preventive Maintenance policy (2016) on the morning of 4/1/16 found the purpose of the policy was, "To assure the ongoing monitoring, repairing, and upkeep of all resident rooms and resident care areas with emphasis on providing a safe, clean, functional resident room for all residents of [Facility]. This program is designed to be used in conjunction with our day-to-day work order system."</p>	4 218		