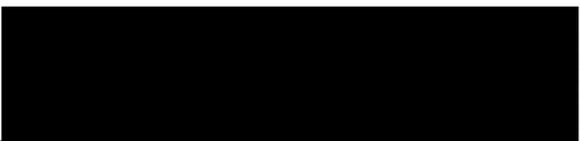


Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/11/2016
NAME OF PROVIDER OR SUPPLIER KULA HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 100 KEOKEA PLACE KULA, HI 96790		
		2016 APR 12 A 8:10 STATE OF HAWAII HOSPITAL MEDICARE		
(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 re-licensure survey was conducted by the Hawaii State Agency on March 8, 2016 through March 11, 2016. The resident census at the time of entrance into the facility was 80.	4 000	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: By the end of the State of Hawaii Nursing Home Licensure Survey on March 11, 2016 all day shift and evening shift staff were instructed that when feeding residents who are in their beds they will be eye level with the resident and that to maintain that they will use chairs to sit at bedside.	
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 observations and staff interviews the facility failed to promote dignity in dining by staff standing over residents while assisting them to eat and also failed to ensure that 2 of 35 residents (R) #63 and (R) #11 in the survey census sample, were provided a choice for their bath schedules. Findings include: 	4 115	By the end of the State of Hawaii Nursing Home Licensure Survey on March 11, 2016 the Nurse Manager met with Resident #11 regarding  bath schedule preferences and per  choice  will be scheduled to shower 2x/week. Care plan was updated on that day. The NM also met with the POA  of resident #63.  remains concerned that giving the Resident and shower 2x/week may cause  too much distress. On April 4, 2016 (R) #63 care plan was changed to include allowing the water to run to warm up the shower room before taking the resident into the shower room, to start shower by wetting  feet and observing the residents reaction, ask  if the temperature is acceptable and to start slowly and explain the care being provided. Discussion with staff about the documentation of bathing performed for resident 11 identified that bathing had been performed but not documented. Staff were instructed regarding the importance of proper documentation to reflect the care that they render. 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: All residents who are unable to feed themselves have a potential to be affected by these deficient practices in feeding and bathing assistance. All staff are responsible to be compliant with performance expectations.	3/11/16 4/4/2016 3/18/2016

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

T3RD11

If continuation sheet 1 of 10

Paul Meyer

Administrative

4/7/2016

Hawaii Dept. of Health, Office of Health Care Assurance

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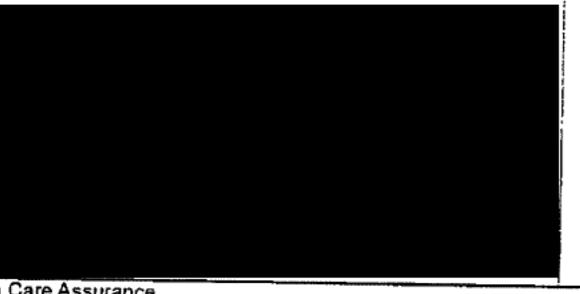
4 115	Continued From page 1   	4 115	<p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All staff who feed residents who are unable to feed themselves will receive notification of the requirements for bedside feeding by April 14, 2016. Each employee will read and sign acknowledgement of requirements. Each resident will be assessed for level of assistance needed for meals on the MDS. Bath schedule preferences will be documented in Self-Care Deficit care plan. Every resident will be provided a choice for their bath schedules on admission. Every resident will be provided 2 showers per week unless the resident/POA specifies differently and will be documented on the Resident Care Record. Documentation of bathing will be performed as required. Social Services will administer Resident Satisfaction Survey to residents and their decision-makers to include bath schedule preferences beginning April 8, 2016. Resident Satisfaction Survey will be administered weekly on an ongoing basis. Results of the Resident Satisfaction Survey will be compiled and shared with Kula Leadership by 04/18/2016 and discussed further at the next scheduled QA meeting on 04/19/2016 and on an ongoing basis.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR: Random audits will be performed by a Licensed Nursing staff 2x/wk for 3 months beginning April 11, 2016. Feedback and re-instruction will be provided at the time to staff not meeting the needs of residents with dignity by assisting to feed residents at eye level. Resident Care Record audits will be performed by LNs weekly in Interdisciplinary Team meetings for 6 months. Results of audits and actions taken will be reported by the Quality Coordinator at the quarterly QA meeting and on an ongoing basis. Next QA meeting is scheduled on April 19, 2016</p>	<p>4/14/2016</p> <p>4/8/16</p> <p>4/18/2016</p> <p>4/19/2016</p> <p>4/11/16</p> <p>4/19/2016</p>
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4 115	Continued From page 2    	4 115		
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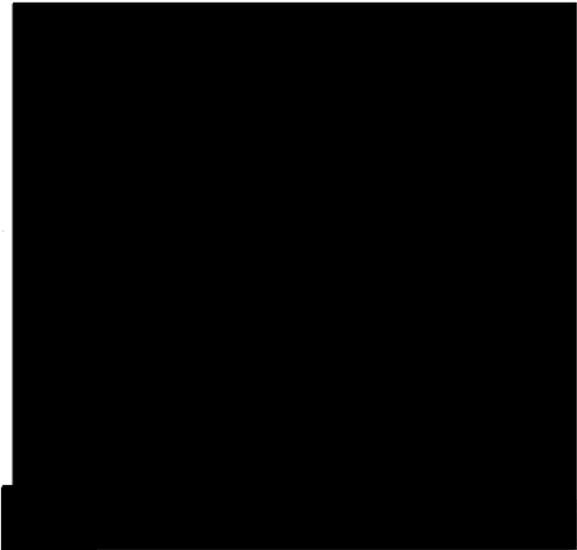
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4 115 Continued From page 3



4 115



4 148 11-94.1-39(a) Nursing services

4 148

(a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the residents. There shall be at least one registered nurse at work full-time on the day shift, for eight consecutive hours, seven

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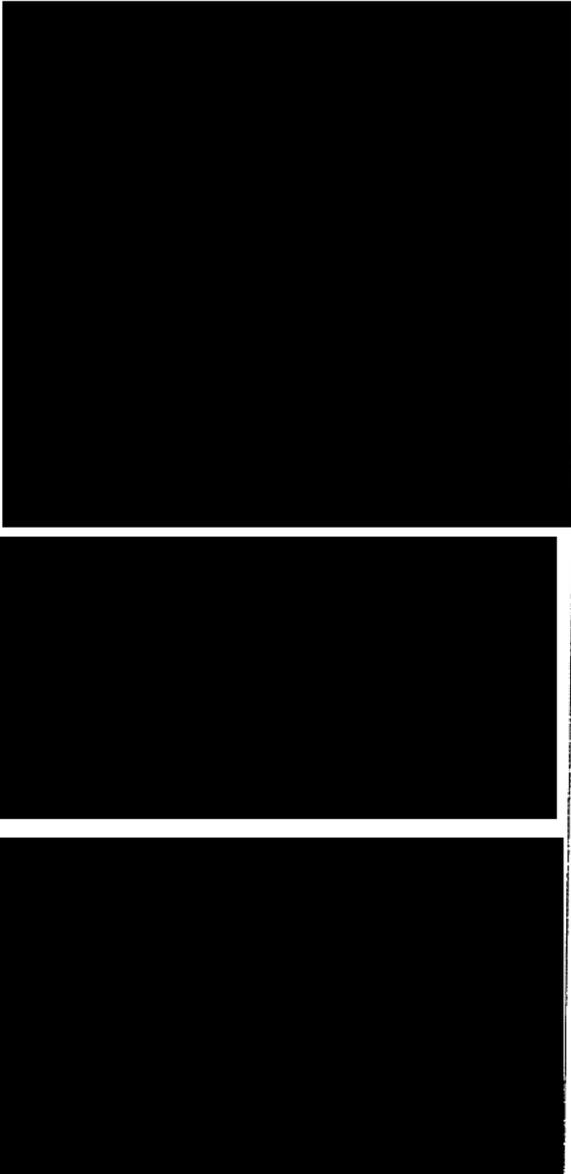
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4 148	<p>Continued From page 4</p> <p>days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department.</p> <p>This Statute is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure that there were sufficient staff to provide needed care to residents to enable them to reach their highest practicable physical, mental and psychosocial well-being.</p> <div style="background-color: black; width: 100%; height: 100px; margin-top: 10px;"></div>	4 148	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The facility recognizes that we must have sufficient nursing staff to provide nursing and related services for every Kula Hospital resident to attain or maintain their highest practicable physical, mental and psychosocial well-being. On March 14, 2016 Director of Nursing observed the delivery of meal carts and coordination of meal service on all units for breakfast and lunch. DON solicited feedback from nursing staff regarding the challenges or care and meal service. DON, Occupational Therapy and Activities Coordinator met to develop plan for Rehab Aides and Activities staff to go to the 4th floor to assist with the set-up of meal trays for those residents who are able to feed themselves or assist those resident who are unable to feed themselves. Activities department is looking into union consultations to expand their staff work schedules to include Tuesday, Wednesday and Thursday evening shift to assist with dinner meal service.</p>	3/14/2015

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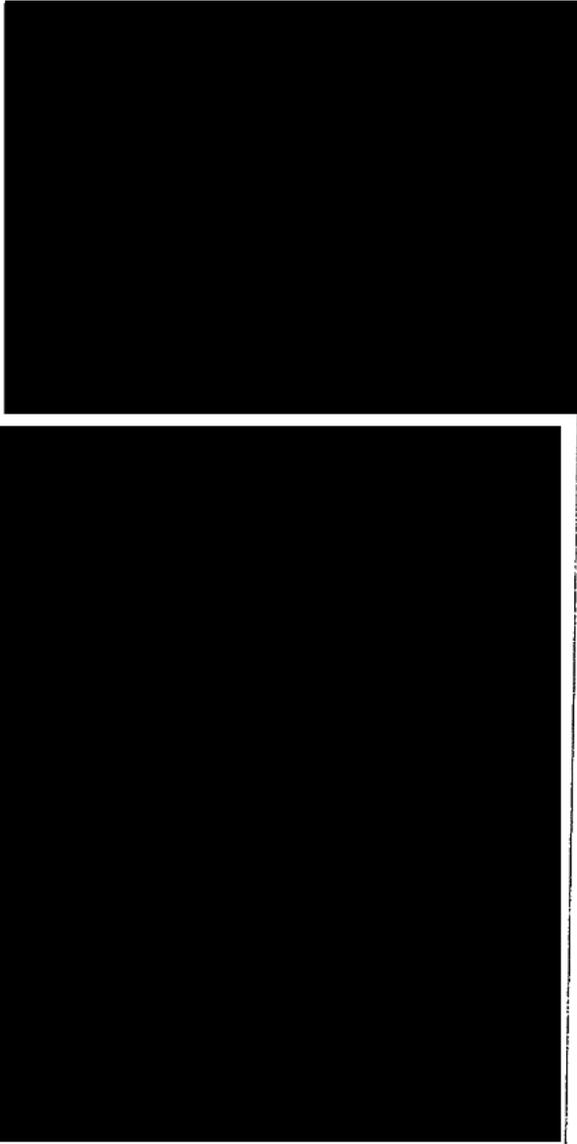
4 148	Continued From page 5 	4 148	<p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: Every resident at Kula Hospital is at risk to be affected by insufficient nursing staffing.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Kula Hospital is actively recruiting for LNs/CNAs in an effort to fill vacant positions. Our Human Resources Department has attended meetings at University of Hawaii Maui College to speak with graduates of the Nursing and CNA programs, have reached out to the CNA training sites on Maui and are exploring options to hire Travel CNAs. All sick calls will be filled by asking/calling staff to do overtime. If unable to fill those vacancies staff will be required to do mandatory overtime based on seniority and rotating basis. In addition, staff from other departments including LNs from Administration and Education will be involved to assist with resident care.</p>	12/2015, 3/2016, 4/2016
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4 148	Continued From page 7 	4 148		
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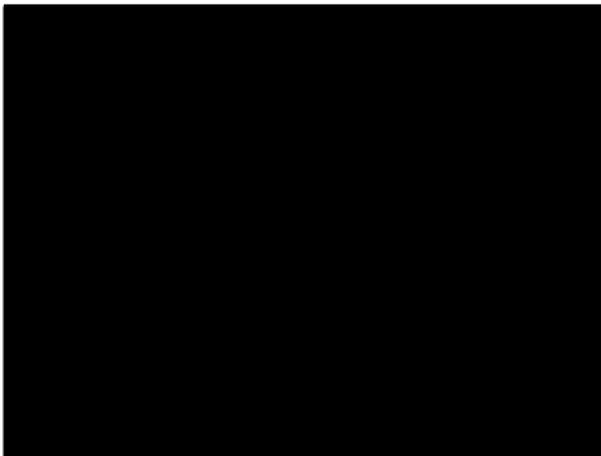
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4 148; Continued From page 8



4 148

WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: After the LN who performed a pressure ulcer dressing change and was interviewed by the Surveyor regarding [REDACTED] failing to sanitize the metal tray [REDACTED] recognized that the tray should be sanitized between each resident and that [REDACTED] had

3/10/2016

4 205 11-94.1-53(b)(2) Infection control

- (b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.
- (2) At least one single bedroom shall be designated as an isolation room as needed and shall have:
 - (A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet;
 - (B) Appropriate hand-washing facilities available to all staff; and
 - (C) Appropriate methods for cleaning and disposing of contaminated materials and equipment;

4 205

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: All facility residents are risk of being affected by this deficient practice of infection prevention.

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4 205	<p>Continued From page 9</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and facility policy review, the facility failed to sanitize reusable equipment between residents.</p> <p>Findings include:</p> <div data-bbox="186 751 764 1262" style="background-color: black; width: 100%; height: 100%;"></div> <div data-bbox="180 1276 743 1503" style="background-color: black; width: 100%; height: 100%;"></div>	4 205	<p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Kula Hospital's Education Coordinator distributed the annual Safety & Education Fair on April 1, 2016 to all Nursing Staff which included Infection Control and Prevention requirements which include proper cleaning of reusable equipment. All tests are to be completed by April 30, 2016.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR: Random audits will be performed by a Licensed Nursing staff 3x/wk for 6 months beginning April 11, 2016. Feedback and re-instruction will be provided at the time to staff not meeting Infection Control and Prevention standards. Results of these audits and actions taken as a result will be shared at the quarterly Quality Assurance meeting in addition to the ongoing monitoring done for infection prevention.</p>	<p>4/30/2016</p> <p>4/11/2016</p> <p>4/19/2016</p>
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