

Hawaii Dept. of Health, Office of Health Care Assurance

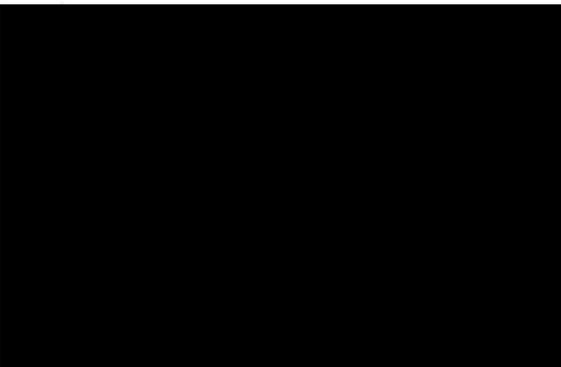
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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STATE OF HAWAII

NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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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 from 3/15 - 3/18/16. At the time of entrance, the resident census was 89.	4 000	<b>4 148 Nursing Services</b>  Corrective actions Taken:	
4 148	11-94.1 -39(a) Nursing services  (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 days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department.  This Statute is not met as evidenced by: Based on observations, resident interviews and staff interviews, the facility failed to have nursing staff sufficient in number/qualifications and adequately staff the facility to meet the nursing needs of the residents.  Findings include:  Cross reference to tag 4 149.  	4 148	<ol style="list-style-type: none"> <li>1. Consultants assisted facility staff in performing staffing analysis based on CMS criteria. DON assigned additional staff to work on 11-7 shift to provide more adequate staff supervising resident's needs.</li> <li>2. Staff, residents, and families will be informed of the staffing changes into staffing needs.</li> <li>3. Nursing staff are monitoring and documenting resident behaviors and also add on their 24 hour report which is reviewed by IDT.</li> <li>4. DON and ADON will monitor call light response time by asking residents and family input and completing call light response observation audits at least weekly. Findings will be reported to QAPI committee for proper action.</li> </ol>	<p>4/14/16</p> <p>4/29/16</p> <p>4/11/16 &amp; ongoing</p> <p>4/22/16 &amp; ongoing</p>

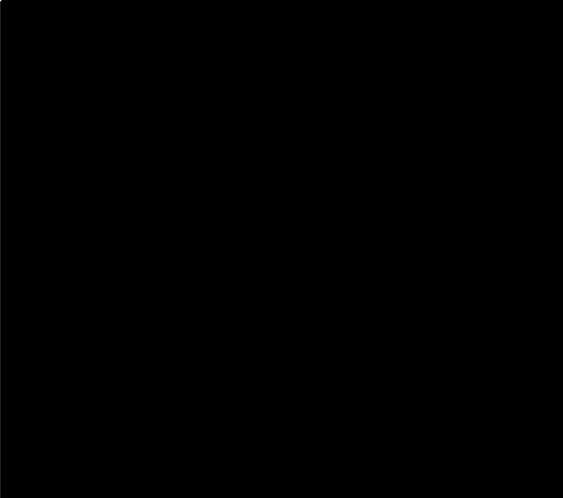
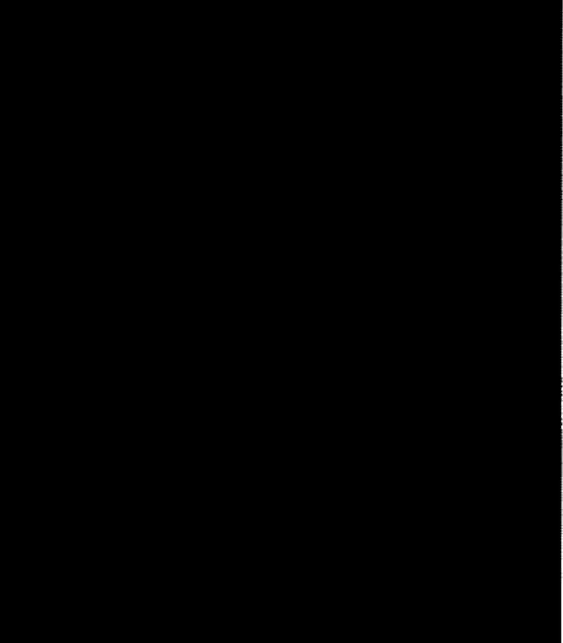
Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Ricomenes G. Santos, NHA*

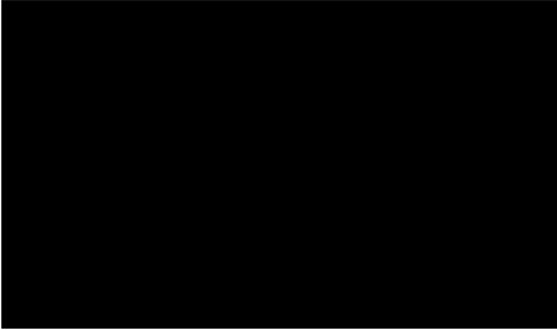
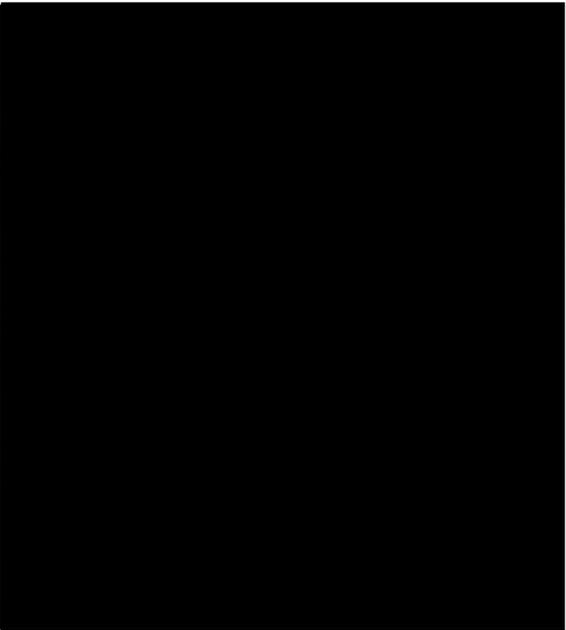
TITLE  
*Administrator*

(X6) DATE  
*4/27/16*

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4 148	Continued From page 1  	4 148	<p>Identification of other residents Affected:</p> <p>All residents have the potential to be affected.</p> <p>System Change to Ensure Deficient Practice will not recur.</p> <ol style="list-style-type: none"> <li>1. Facility hired more nursing staff to fill up open positions. Scheduled additional staff on 11-7 shift to have 3 nurse's aides on each floor or as determined by resident need.</li> <li>2. DON, ADON and SS will continue to monitor residents and family concerns regarding the care provided and discuss findings during IDT and QAPI meetings.</li> <li>3. Residents with wandering behaviors will be assessed and care plans updated per new IDT process to determine root causes and identify effective interventions</li> <li>4. Administrator will communicate all QAPI findings and recommendations to upper management for their consideration and approval.</li> </ol>	<p>4/29/16 &amp; ongoing</p> <p>4/22/16 &amp; ongoing</p> <p>4/29/16 &amp; ongoing</p> <p>4/29/16 &amp; ongoing</p>

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4 148	Continued From page 2  	4 148	Monitoring System Change to Ensure Deficient Practice will not Recur:  1. Unannounced call light response audits will be completed on all shifts at least weekly. Findings will be reviewed to identify resident concerns regarding call light response and trends related to identified concerns.  2. QAPI committee will evaluate monthly Quality Indicators which reflects the quality of care provided.  Cross-reference to Plan of Corrections 4 149 Page 4 - 8	4/22/16 & ongoing  4/29/16 & ongoing
4 149	11-94.1-39(b) Nursing services  (b) Nursing services shall include but are not limited to the following:	4 149		

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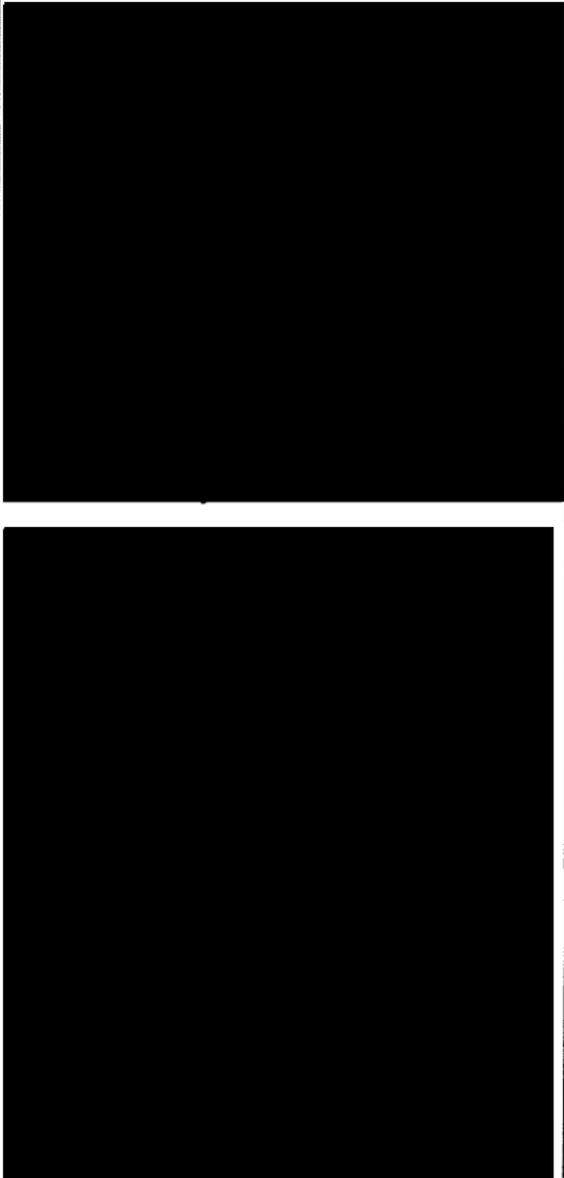
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4 149	<p>Continued From page 3</p> <p>(1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty-first day after, or simultaneously, with the initial interdisciplinary care plan conference;</p> <p>(2) Written nursing observations and summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and</p> <p>(3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided.</p> <p>This Statute is not met as evidenced by: Based on observations, medical record review and staff interviews, the facility failed to provide adequate supervision and ongoing evaluation/monitoring to ensure quality resident care for one resident, Resident #47, of 4 residents reviewed for accidents in the Stage 2 sample.</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 50px; margin-top: 5px;"></div>	4 149	<p><b>4 149 Nursing Services</b></p> <p>Corrective actions Taken:</p> <ol style="list-style-type: none"> <li>1. Consultants assisted facility leadership in performing staffing analysis based on CMS criteria. DON assigned additional staff to work on 11-7 shift to provide supervision to promote resident safety.</li> <li>2. New QAPI (Quality Assurance Performance Improvement) IDT (Interdisciplinary team) meeting process initiated and performed Resident #47 assessment to analyze root causes of behaviors. The IDT developed interventions based on the behavior root causes for the resident's symptoms.</li> <li>3. New interventions for resident #47 were incorporated in the plan of care and communicated to care givers.</li> </ol>	<p>4/14/16</p> <p>4/6/16</p>

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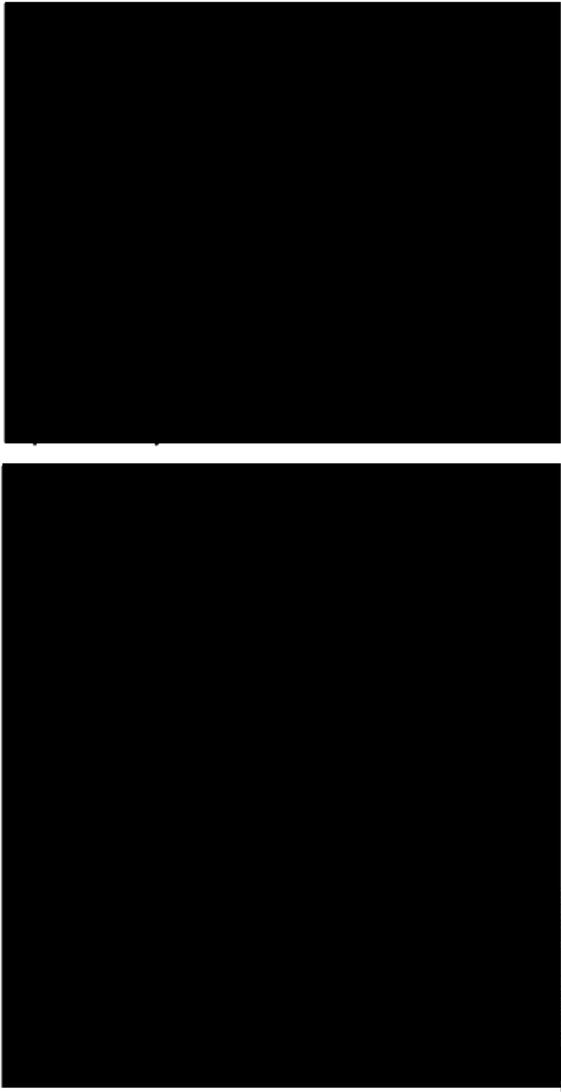
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4 149	Continued From page 4 	4 149	<p>4. Updated interventions were communicated to all staff taking care of resident #47.</p> <p>5. In response to incompatibility concerns from Resident #7, a reassessment of behaviors led to seeking permission from all involved parties, and resident #47 was moved to another room.</p> <p>6. This result of room change and other new interventions are thus far effective. Resident #47 sleeping better, more engaged in activities, in better mood. Resident #7  reports  is no longer concerned about resident #47. Resident #47's new roommates report not distress.</p> <p>7. DON, Administrator will continue to monitor effectiveness of new approaches for resident #47 and reassess, adding new approaches where needed.</p>	<p>4/6/16</p> <p>4/5/16</p> <p>4/11/16</p> <p>4/15/16 &amp; ongoing</p>

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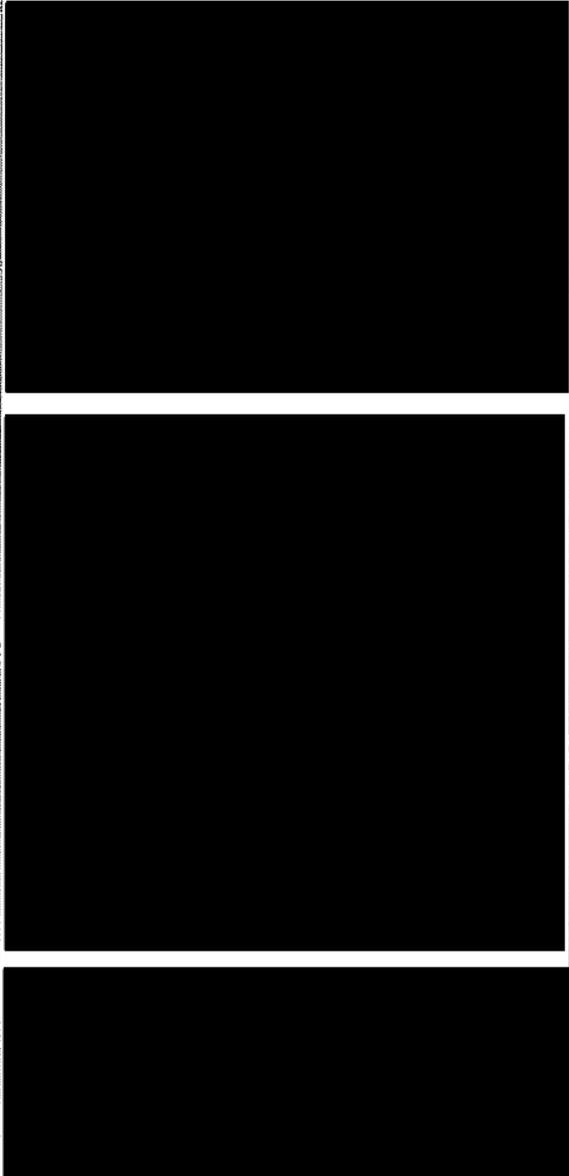
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4 149	Continued From page 5 	4 149	<p>Identification of other residents Affected:</p> <ol style="list-style-type: none"> <li>Nursing and SS will identify all residents with socially disruptive or physically intrusive behaviors.</li> </ol> <p>System Change to Ensure Deficient Practice will not recur.</p> <ol style="list-style-type: none"> <li>For all residents with wandering behaviors, a comprehensive IDT, including direct care giver assessment of root causes for behavior will be updated. The IDT will identify appropriate interventions, update the plan of care, and communicate new approaches to staff.</li> <li>The IDT process will involve all disciplines and direct care staff for their input, and where possible, resident/family input.</li> <li>Department heads began twice-daily meetings focusing on the POC progress, discuss trends and apply QAPI principles (root cause analysis etc.) to identified concerns. Input from direct care givers is actively sought and documented.</li> </ol>	<p>4/11/16</p> <p>4/6/16 &amp; ongoing</p> <p>4/6/16 &amp; ongoing</p> <p>4/6/16</p>

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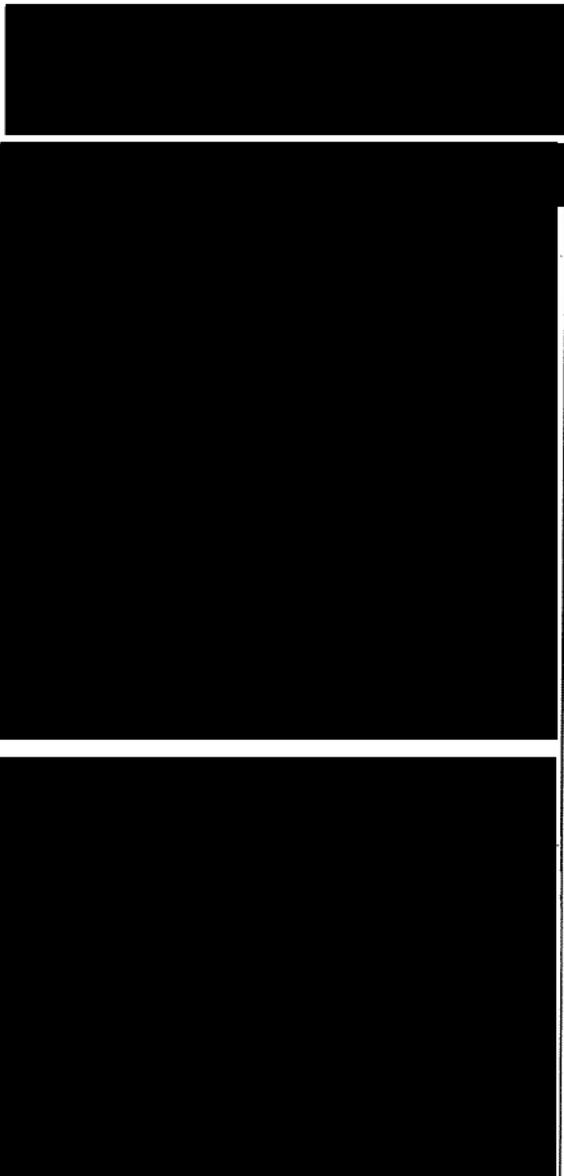
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4 149	Continued From page 6 	4 149	<p>4. Facility is hiring more nursing staff and will add a staff member to night shift to assure adequate supervision of residents.</p> <p>5. ADON will review the wandering behavior monitor log and report findings to QAPI committee for further action.</p> <p>Monitoring System Change to Ensure Deficient Practice will not recur:</p> <ol style="list-style-type: none"> <li>1. IDT will be conducting audits and interviews of concerned residents and families. Findings will be shared to all department heads during daily IDT meetings.</li> <li>2. The QAPI committee will review the results of the audits and develop interventions based on audit findings.</li> <li>3. DON will review all resident supervision needs and adjust the staffing level as necessary.</li> <li>4. Administrator and DON will review audit reports regularly to identify and address potential non-compliance.</li> </ol>	<p>4/1/16 &amp; ongoing</p> <p>4/22/16</p> <p>4/7/16 &amp; ongoing</p> <p>4/12/16 &amp; ongoing</p> <p>4/22/16</p> <p>4/22/16</p>

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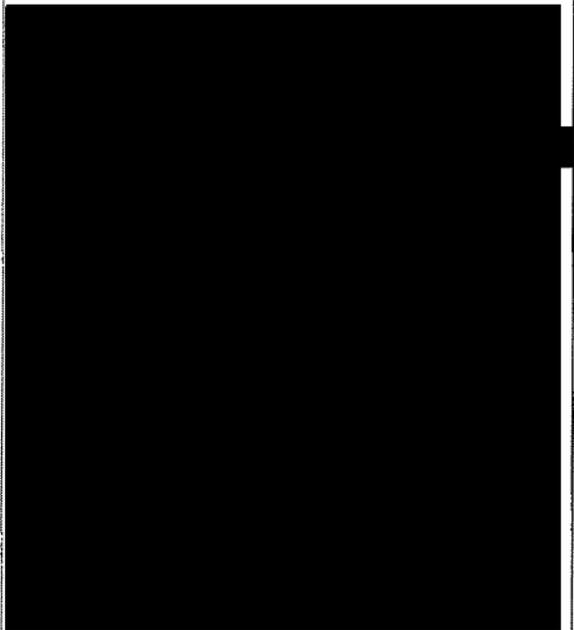
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4 149	Continued From page 7 	4 149	<p>5. Facility will encourage residents and families to utilize our facility grievance program and use the program to investigate and resolve issues to resident and family satisfaction whenever possible.</p> <p>6. The facility will address and respond to the grievance submitted in a timely manner, considering all party's rights, comfort and care.</p>	<p>4/11/16 &amp; ongoing</p> <p>4/11/16 &amp; ongoing</p>

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4 149	Continued From page 8  	4 149	<b>4 159 Storage and Handling of Food</b>  Corrective actions Taken 1. Maintenance staff fixed the floor tiles in the dishwashing room. Floor and wall tiles was scrubbed well to remove any mildew and dust.  2. Broken water spray nozzle was replaced.  3. Nursing staff checked expiration dates of other food and drink in the refrigerator. Expired Greek yogurt found in the refrigerator was discarded.	3/25/16  3/21/16  3/18/16
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.	4 159		

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4 159	<p>Continued From page 9</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 staff interview, the facility failed to provide sanitary conditions for the dishwashing area and storage area for cooking utensils and drinking jugs in the kitchen. The facility also failed to safely procure food in resident snack refrigerator.</p> <p>Findings include:</p> <p>Observation on 3/14/2016 of the dishwashing area noted a broken tile area was visible with cement dust and tile dust accumulating. A hose like tap hanging on a hook beside a sink was leaking onto the floor. Water was accumulating in the broken tile area. The entire floor area was wet from the leaking tap. Beside the broken tile area was a shelved alcove area that stored cooking utensils and drinking jugs.</p> <p>Inspection of the residents' refrigerator on the 2nd floor nursing unit found it contained a Greek yogurt with an expiration date of Jan 30 2016. These findings in the kitchen dishwashing area and expired yogurt were confirmed by the kitchen manager and staff during the observations.</p>	4 159	<p>Identification of other residents Affected:</p> <p>All residents can be affected.</p> <p>System Change to Ensure Deficient Practice will not recur.</p> <ol style="list-style-type: none"> <li>1. Refrigerator Check log was revised to include checking the temperature, cleaning and checking expiry dates of food items stored.</li> <li>2. Temperature of the refrigerator and freezer will be checked and recorded twice a day.</li> <li>3. Night shift nursing staff will check expiry dates of food and clean the refrigerator daily. Write comments and sign the log.</li> <li>4. All food and drinks will be labeled indicating the date opened or expiration date.</li> <li>5. Food and drink is good for 3 days from date it was opened except for milk which is 24 hours. All expired or unlabeled food will be discarded immediately.</li> </ol>	<p>4/1/16</p> <p>4/1/16 &amp; ongoing</p> <p>4/1/16 &amp; ongoing</p> <p>4/1/16 &amp; ongoing</p> <p>4/1/16 &amp; ongoing</p>

	Completion Date
<b>Continuation of 4 159 Storage and Handling of Food</b>	
6. Dietary staff will clean the kitchen and dishwashing room floor daily. Will report broken equipment to maintenance staff to have it fixed or replaced immediately.	4/1/16 & ongoing
7. General cleaning of the unit will be done at least every month.	4/29/16 & ongoing
<b>Monitoring System Change to Ensure Deficient Practice will not recur:</b>	
1. Dietary manager or designee will check the refrigerators in the unit every morning to make sure it is clean and food items are not expired. Result of the audit will be reported to QAPI committee for further action.	4/1/16 & ongoing
2. Day shift nursing staff will also check the refrigerator making sure nothing is overlooked.	4/1/16 & ongoing
3. Dietary manager and maintenance supervisor or designees will conduct their environmental rounds daily and report their findings to QAPI committee.	4/15/16 & ongoing

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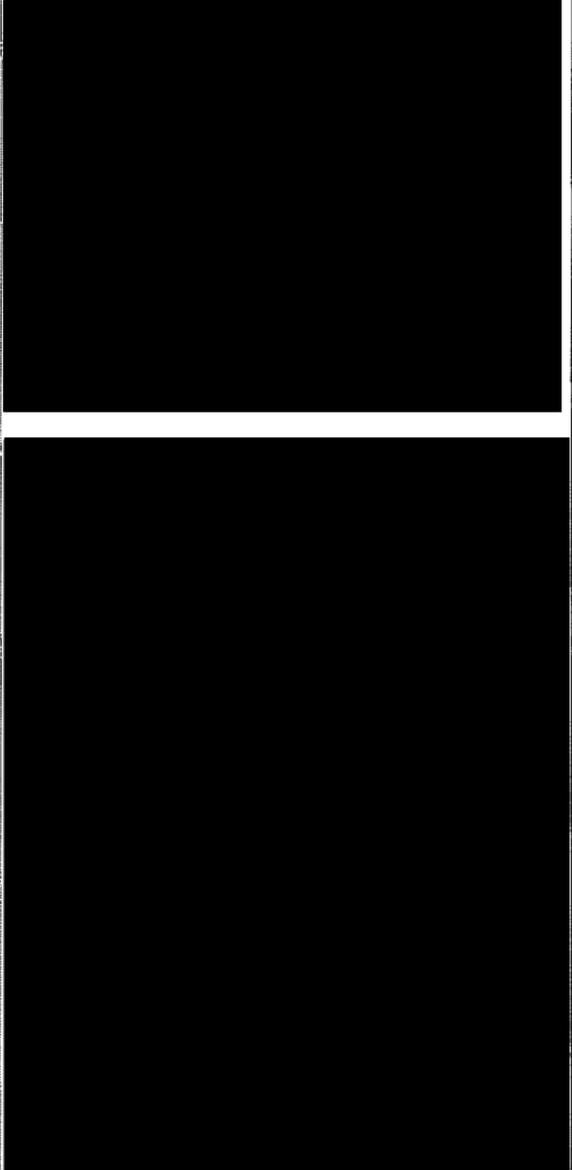
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4 184	Continued From page 10	4 184	<b>4 184 Pharmaceutical Services</b>	
4 184	<p>11-94.1-46(a) Pharmaceutical services</p> <p>(a) Each facility shall employ a licensed pharmacist, or shall have a written contractual arrangement with a licensed pharmacist, to provide consultation on methods and procedures for ordering, storing, administering, disposing, and recordkeeping of drugs and biologicals, and provisions for emergency service.</p> <p>This Statute is not met as evidenced by: Based on record review and interview with staff members, the facility failed to ensure 1 (Resident #63) of 5 sampled residents has adequate indication for the use of medications.</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>	4 184	<p>Corrective actions Taken:</p> <ol style="list-style-type: none"> <li>1. Attending physician reviewed the medications of resident #63 [REDACTED] and ordered to reduce the dose [REDACTED]</li> <li>2. Diagnosis/indication for use of [REDACTED] was reviewed with the physician; same is now clearly documented on the medical record.</li> <li>3. Geri Psych physician came for a follow up visit [REDACTED] to reassess appropriate use of medications for resident conditions.</li> <li>4. Geri Psych physician talked to resident's [REDACTED] about [REDACTED] plan to reduce the medications that resident is taking. Risk/benefits of various treatment approaches discussed. [REDACTED] prefers to maintain resident #63 on the current [REDACTED] dosage of existing set of medications rather than use larger doses [REDACTED]</li> </ol>	<p>3/15/16</p> <p>3/30/16</p> <p>3/30/16</p> <p>3/30/16</p>

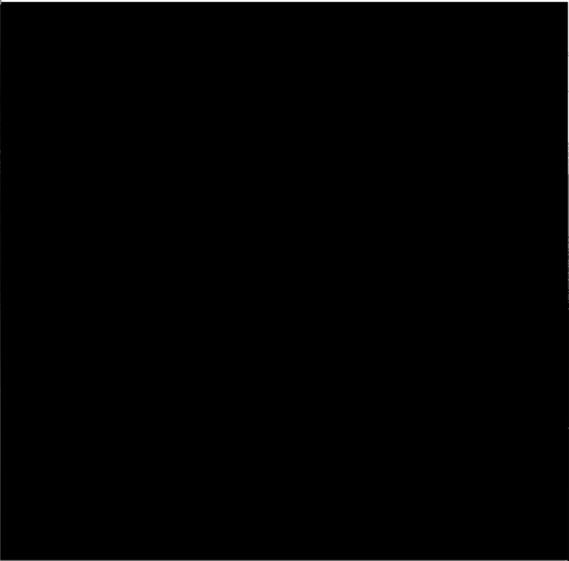
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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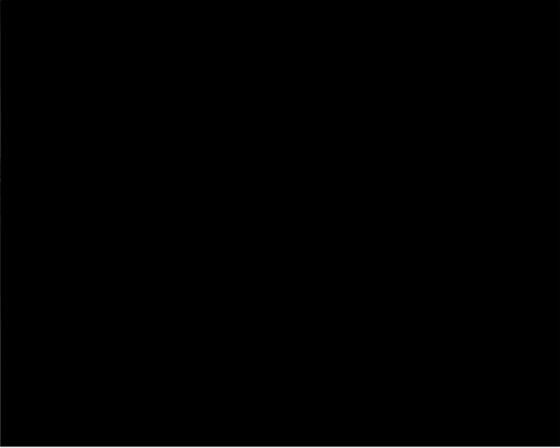
NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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4 184	Continued From page 11 	4 184	<p>Identification of other residents Affected:</p> <ol style="list-style-type: none"> <li>Residents with  medications will be reviewed by facility, and pharmacy consultant. RCA is used to identify causes of behavior and corresponding effective interventions. Missing elements (appropriate diagnosis/ indication, status of appropriate dose reduction, non-pharm approaches) will be evaluated and changes made where needed.</li> </ol> <p>System Change to Ensure Deficient Practice will not Recur:</p> <ol style="list-style-type: none"> <li>DON, ADON, Administrator and Consultant met with licensed nurses on 4/6/16. Reviewed with them the components of correct physician order.</li> <li>Nurses were advised to always clarify diagnosis when receiving new orders and when doctors come on-site for routine visits.</li> <li>DON/ADON is auditing physician orders to determine our compliance. Result of the audit is being reported to the QAPI committee.</li> </ol>	<p>4/22/16 &amp; ongoing</p> <p>4/6/16</p> <p>4/6/16</p> <p>4/7/16 &amp; ongoing</p>

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4 184	Continued From page 12 	4 184	4. DON/ADON and Administrator will review Physician Order Sheets to make sure all medication orders have appropriate diagnosis or indication for use.  <b>Monitoring System Change to Ensure Deficient Practice will not recur:</b>	4/22/16 & ongoing
4 197	11-94.1-46(n) Pharmaceutical services  (n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy.  This Statute is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure medications were not kept beyond their expiration dates.  Findings include: 	4 197	1. Licensed nurses are reviewing the Physician Order Sheet before the end of the month will include checking medication orders to make sure there is a diagnosis or indication for use.  2. Licensed nurses receiving physician orders towards the end of the month will transcribe the orders on the current physician order sheet and POS for the following month.  3. DON/ADON will continue to review physician orders to make sure compliance is maintained.  4. Consultant pharmacist will be checking medications to assure appropriate diagnosis or indication for use is in place and will include it in her monthly report.	4/29/16 & ongoing  4/29/16 & Ongoing  4/15/16 & ongoing  4/29/16 & ongoing

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4 197	Continued From page 13 	4 197	<b>4 197 Pharmaceutical Services</b>  1. Nursing staff checked the medication storage room on both floors. Expiration dates of medications and supplies were checked  2. Expired medications were discarded in accordance with facility policy on Destruction of Medications.  <b>CONTINUED ON NEXT PAGE</b>	3/18/16  3/18/16
4 203	11-94.1-53(a) Infection control  (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.  This Statute is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to protect a high number of residents from gastrointestinal illness by failing to practice transmission based precautions, and failing to thoroughly investigate the outbreak of the gastrointestinal illness among residents, which as a result, made for additional residents to become ill with diarrhea/vomiting. Additionally, the facility failed to maintain an Infection Control Program designed to provide a safe and sanitary environment and to help	4 203	<b>4 203 Infection Control</b>  Corrective Actions Taken:  1. Second floor was placed on appropriate lockdown/isolation status as soon as nurse received the positive lab results.  2. Infection Control consultant came to the facility and reviewed the facility's Norovirus infection policy and procedure.	3/16/16 & ongoing  3/17/16

**Continuation of 4 197 Pharmaceutical Services**

COMPLETION DATE

Identification of other residents Affected:

All residents have to potential to be affected.

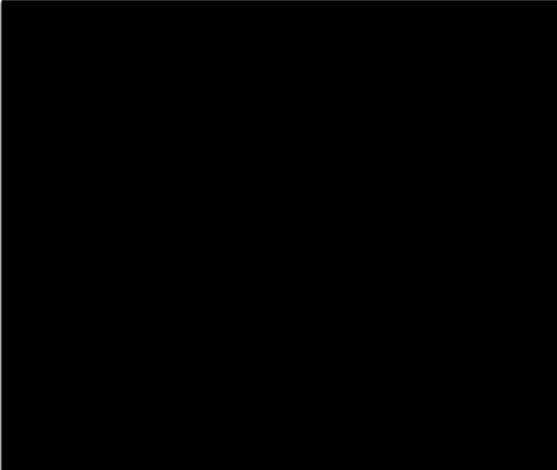
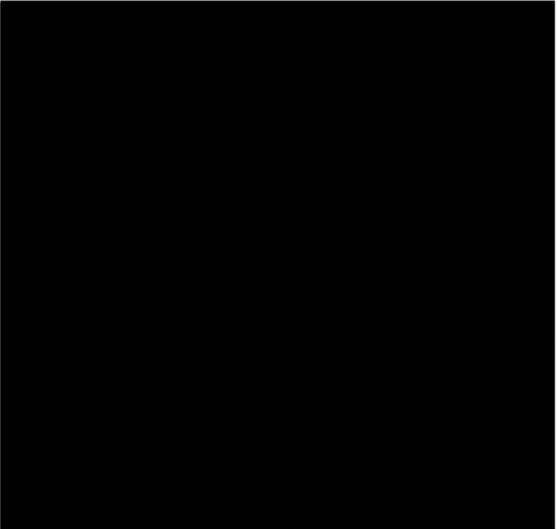
System Change to Ensure Deficient Practice will not recur:

- |  |                     |
|--|---------------------|
| 1. DON, ADON, Administrator and Consultant met with the licensed nurses on 4/6/16. Reviewed the revised policy and procedure on discontinued and expired medications and destroying medications. | 4/6/16              |
| 2. It was made clear to all licensed nurses that multi-use vials must be dated upon opening. This will be discarded after 30 days from the date it was opened.                                   | 4/6/16<br>& ongoing |
| 3. Expired medication log was revised to include the findings and be signed by the nurse.  | 4/1/16              |
| 4. All nurses receiving orders to discontinue medication must update the MAR and POS, document on the progress notes and remove the discontinued medications from the med cart.                  | 4/7/16              |
| 5. Night shift licensed nurse will continue to check the medication room every Friday for expired medications, treatments and IV fluids.   | 4/1/16 & ongoing    |
| 6. Discontinued medications will be separated and placed in a box for disposal and will be prepared for disposal according to facility policy.   | 4/1/16 & ongoing    |
| 7. Expired medications will be disposed of according to facility policy.   | 4/1/16 & ongoing    |
| 8. Copy of the policy on expired medications and disposal of medications is placed on the nursing communication binder for everyone to review.   | 4/8/16              |

Monitoring System Change to Ensure Deficient Practice will not recur:

- |   |                   |
|---|-------------------|
| 1. DON will conduct audit of the medication room and med-carts, report findings during our weekly meetings.                                   | 4/8/16 & ongoing  |
| 2. Administrator will do random check of medication of the medication carts and med room. Findings will be discussed with the QAPI committee. | 4/11/16 & ongoing |
| 3. Consultant pharmacist will also conduct monthly audits and include her findings on the monthly pharmacy report.                            | 4/29/16 & ongoing |

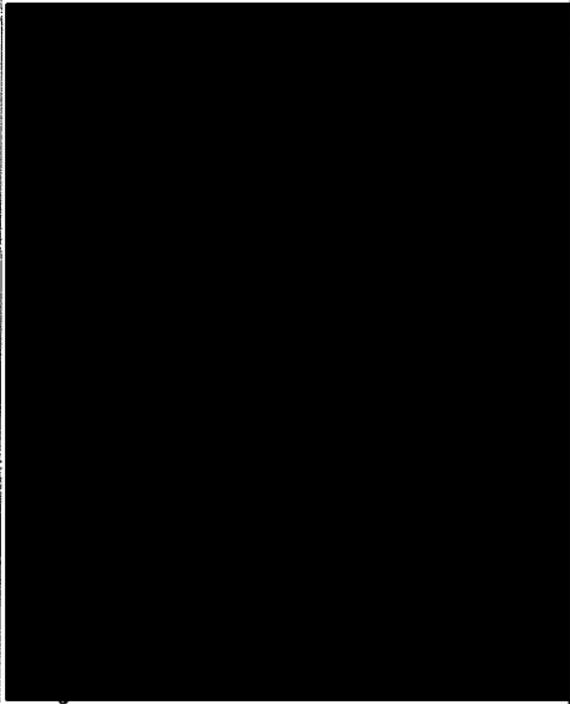
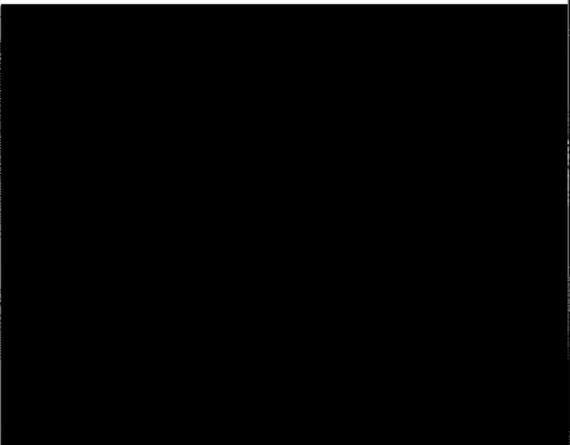
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4 203	Continued From page 14 prevent the development and transmission of disease and infection.  Findings include:  	4 203	<ol style="list-style-type: none"> <li>3. Isolation signage on the door was changed with more specific instruction.</li> <li>4. PPE's were placed outside the door of each room on isolation to be used by everyone entering the room.</li> <li>5. Nursing staff prevented family members from visiting the residents temporarily. No new admissions were accepted on the second floor while unit is on lockdown.</li> <li>6. Direct care staff worked only on the unit that they are assigned; staff working on 2 units was not allowed.</li> <li>7. All staff was advised to wash hands with soap and water and avoid using alcohol based hand sanitizers.</li> </ol>	<p>3/17/16</p> <p>3/17/16</p> <p>3/17/16</p> <p>3/18/16 &amp; ongoing</p> <p>3/18/16 &amp; ongoing</p>

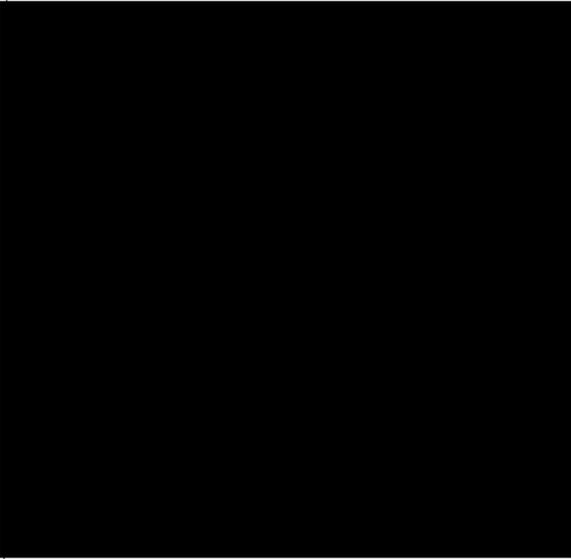
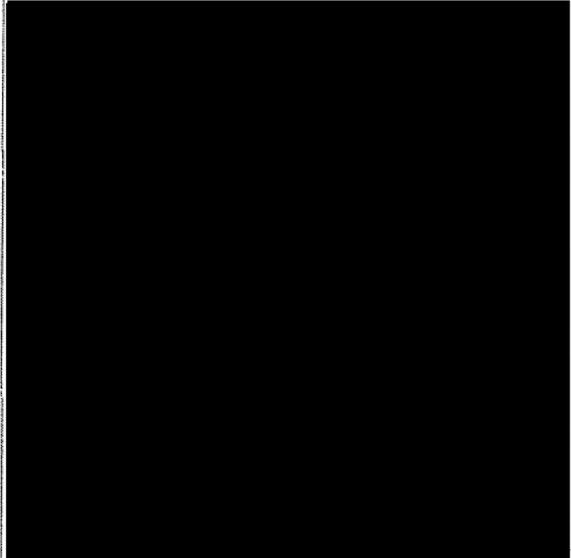
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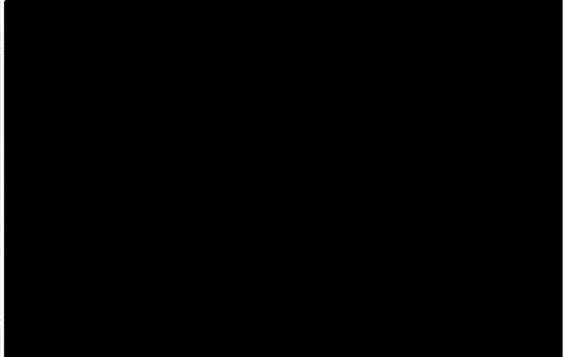
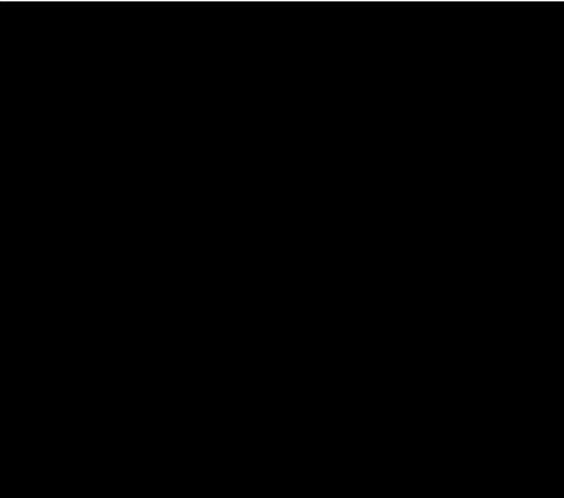
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4 203	Continued From page 15  	4 203	<p>8. Bleach solution diluted according to recommendation and SaniBleach wipes was used for disinfecting equipment, bathroom and floors.</p> <p>9. Frequent cleaning of the bathrooms and floor was done.</p> <p>10. All residents in the unit remained in the unit. Affected residents were maintained on isolation precaution in their rooms until after 72 hours of the last symptom.</p> <p>11. Facility hired Pathway Health, a group of consultants, to assist in putting us back into compliance.</p> <p>12. DON talked to the therapists and advised them to always ask nursing staff of the current situation of the residents they are attending to.</p> <p>13. DON talked to the attending physician and asked him to sanitize his hands and stethoscope in between resident examination</p>	<p>3/18/16 &amp; ongoing</p> <p>3/18/16</p> <p>3/18/16 &amp; ongoing</p> <p>4/4/16</p> <p>4/5/16</p> <p>4/5/16</p>

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4 203	Continued From page 16    	4 203	<p>Identification of Other Residents Affected:</p> <p>Without proper infection prevention, all residents and staff exposed could be affected.</p> <p>System Change to Ensure Deficient Practice does not recur:</p> <ol style="list-style-type: none"> <li>1. Infection Control Consultant reviewed the facility's infection control policies and practices;  gave recommendations for facility to improve our infection prevention.</li> <li>2. Isolation signs were revised. It shows specific instructions to follow for different kinds of isolation and infection.</li> <li>3. Residents on isolation precautions will be confined in their rooms until 72 hours passed after the last symptom is observed.</li> <li>4. In compliance with CDC guideline, everyone entering an isolation room must wear the recommended PPE.</li> </ol>	<p>3/22/16</p> <p>4/1/16</p> <p>4/1/16 &amp; ongoing</p> <p>3/18/16 &amp; ongoing</p>

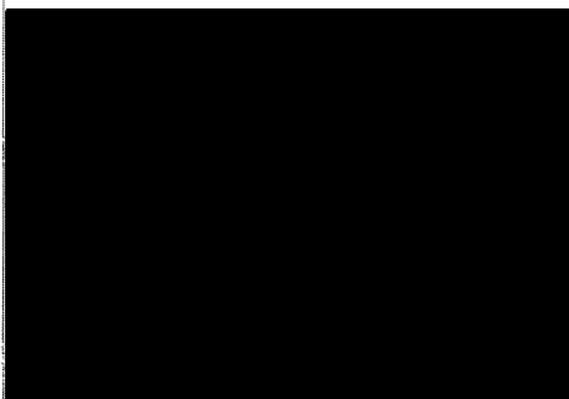
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4 203	Continued From page 17   	4 203	<p>5. Facility organized isolation carts where PPE's, isolation signage, and disinfectant wipe or spray is kept. This will be placed by the room entrance if isolation of a resident is necessary.</p> <p>6. Staff education on infection control specific to Outbreak Management was given on 3/30/16. This will continue until all staff has completed this training.</p> <p>7. All staff was trained and gave a return demonstration on how to properly use PPE and handwashing technique.</p> <p>8. Facility will purchase only EPA health care grade PPE to provide adequate protection of residents and staff.</p>	<p>4/7/16 &amp; ongoing</p> <p>4/15/16</p> <p>4/15/16</p> <p>4/1/16 &amp; ongoing</p>

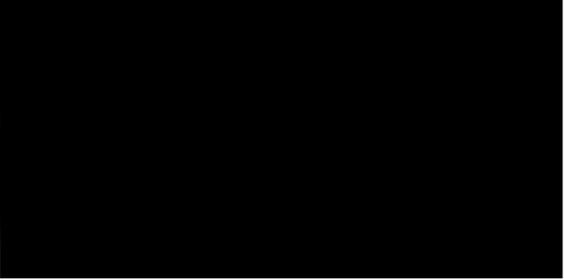
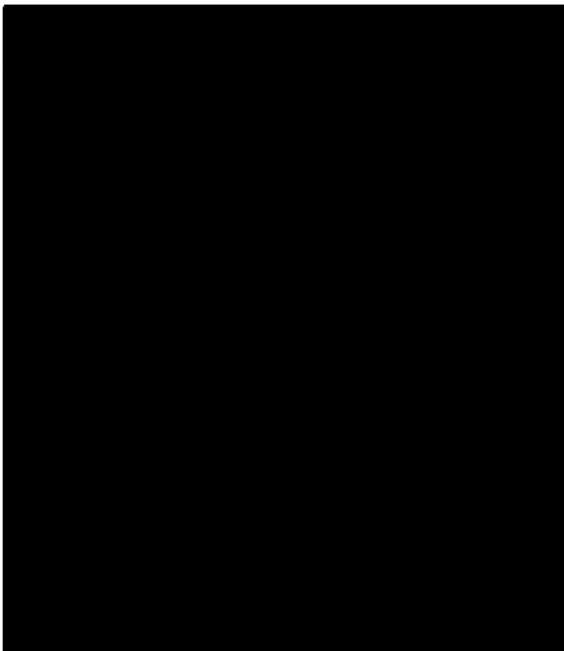
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4 203	Continued From page 18  	4 203	<p>9. Medical Director sent a letter to all attending physicians and APRN's reminding them of infection control and antibiotic stewardship.</p> <p>10. Nursing staff will advise therapists and consultants what they are supposed to do if the resident they are going to see is currently on isolation.</p> <p>11. Department heads are doing an audit on infection control focusing on hand sanitation in between care of resident, sanitizing equipment, handling of soiled or potentially infected materials and cleanliness of the environment using the audit tools provided by Pathway Health consultants.</p> <p>12. Department heads and QAPI committee are meeting regularly to discuss findings and agree with a proper solution.</p>	<p>4/15/16</p> <p>4/1/16 &amp; ongoing</p> <p>4/8/16 &amp; ongoing</p> <p>4/11/16 &amp; ongoing</p>

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4 203	Continued From page 19   	4 203	Monitoring System Change to Ensure Deficient Practice will not Recur:  1. As recommended, facility will designate 1 staff to be an Infection Preventionist and In-Service Coordinator that will provide necessary training and follow up on infection prevention implementation.  2. Meantime, DON will continue to function as interim infection control coordinator with the assistance of all department heads and Pathway consultants.  3. Department heads will help in implementing our infection control policy and monitor employee practices in the different departments. Findings will be reported during our QAPI meetings and agree with a solution following acceptable standard of practice.  4. Will seek guidance of consultants and Medical Director if any new situation is encountered.	By 5/30/16  4/18/16 & ongoing  3/15/16  4/15/16 & ongoing

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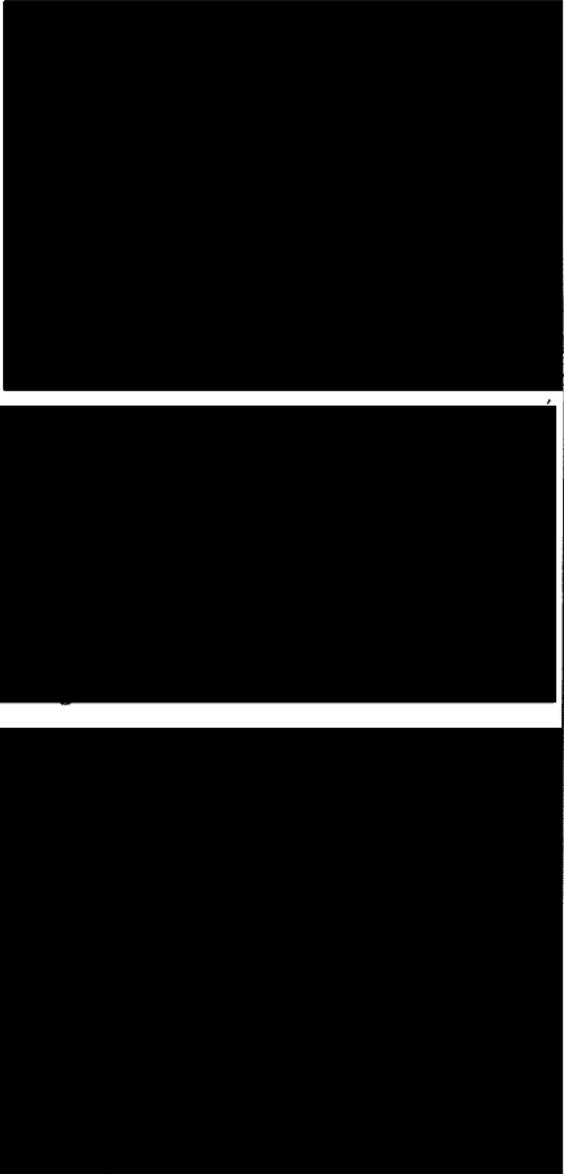
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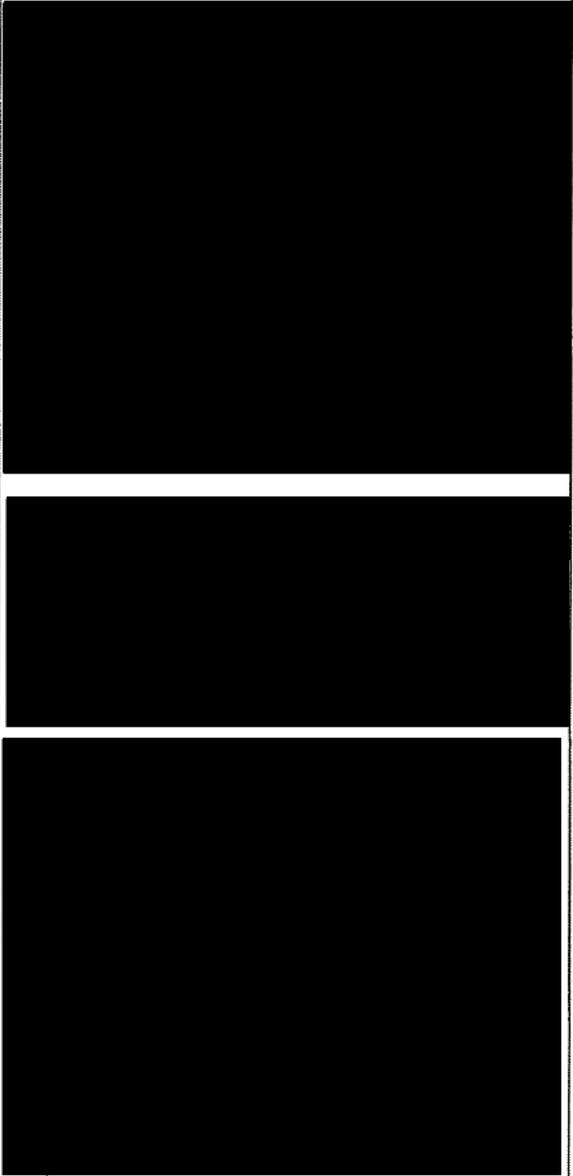
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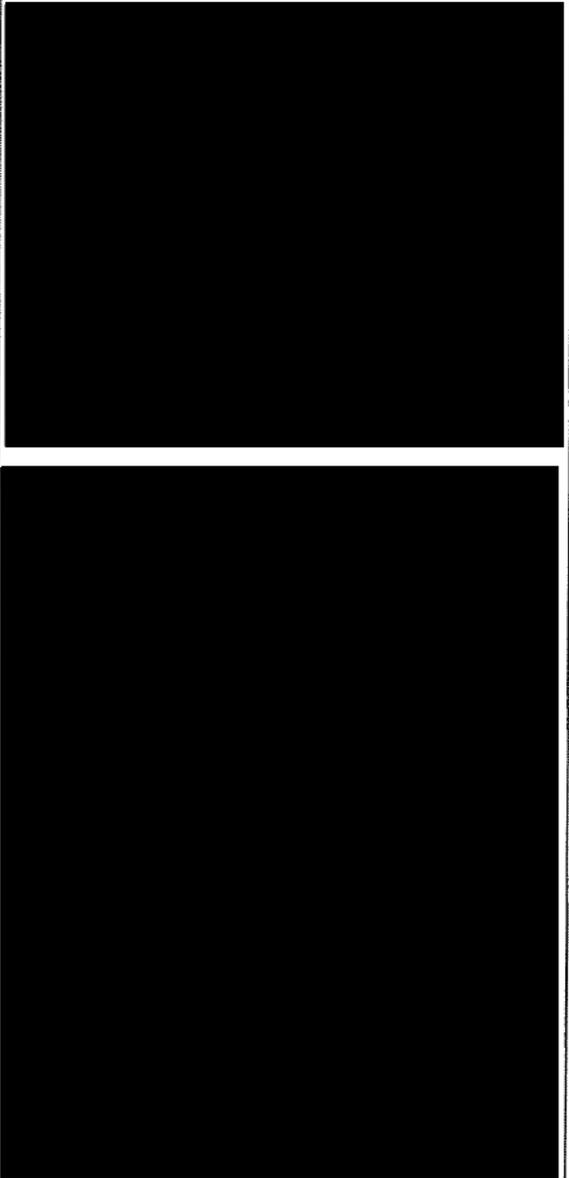
NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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
4 203	Continued From page 22 	4 203	KEPT INTENTIONALLY BLANK	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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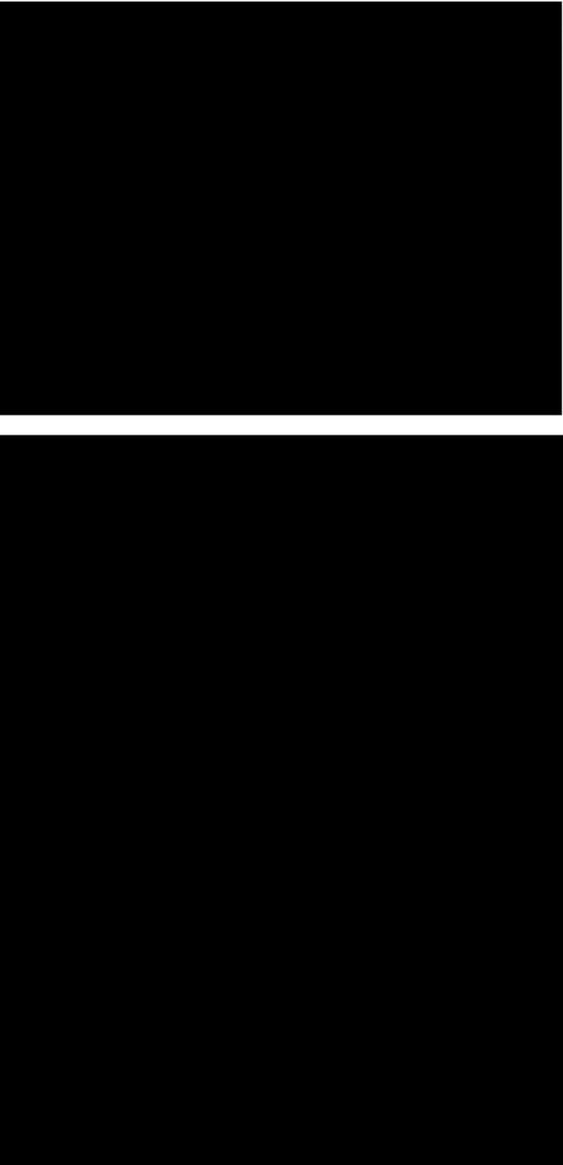
NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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4 203	Continued From page 23 	4 203	KEPT INTENTIONALLY BLANK	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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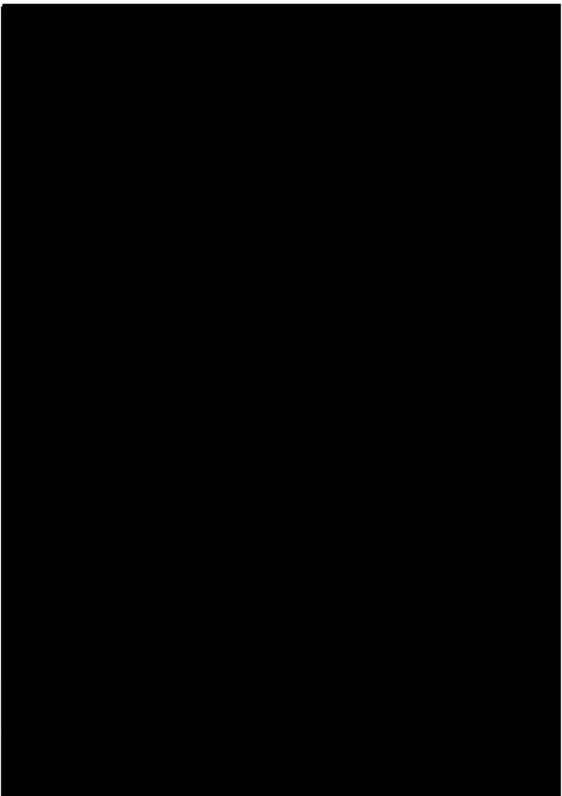
NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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4 203	Continued From page 24 	4 203	KEPT INTENTIONALLY BLANK	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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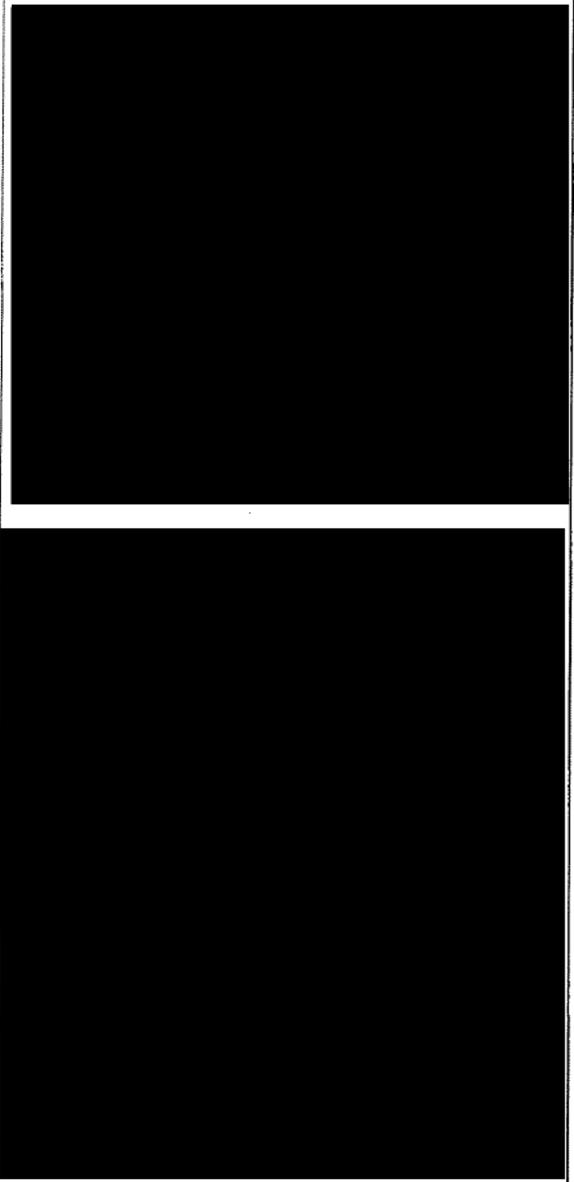
NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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4 203	Continued From page 25    	4 203	KEPT INTENTIONALLY BLANK	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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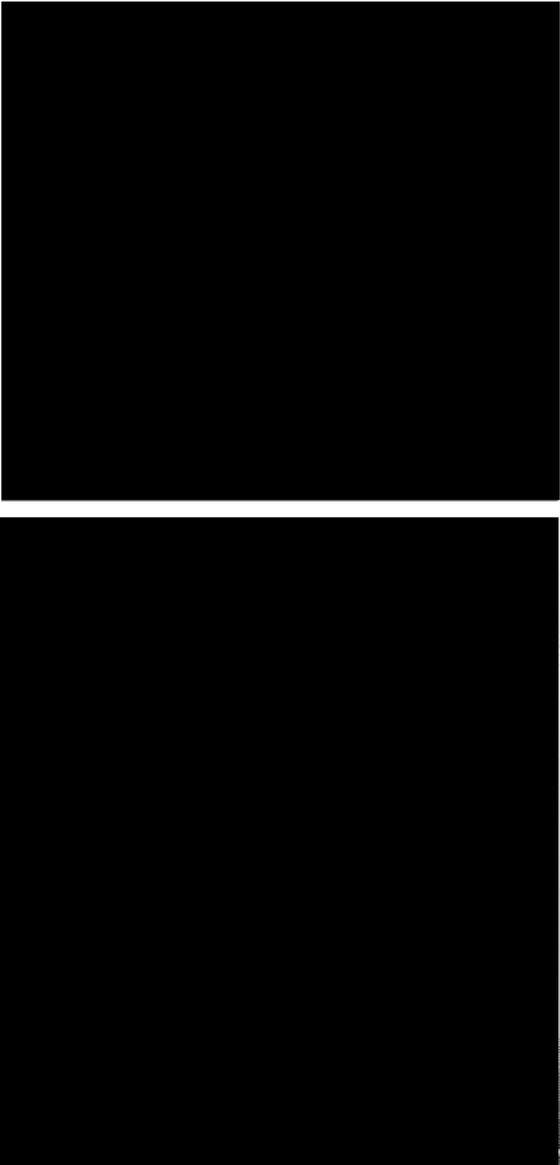
NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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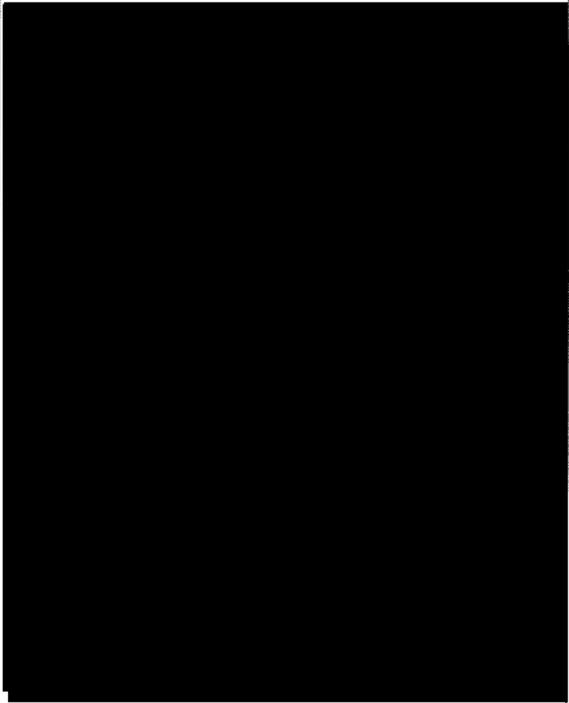
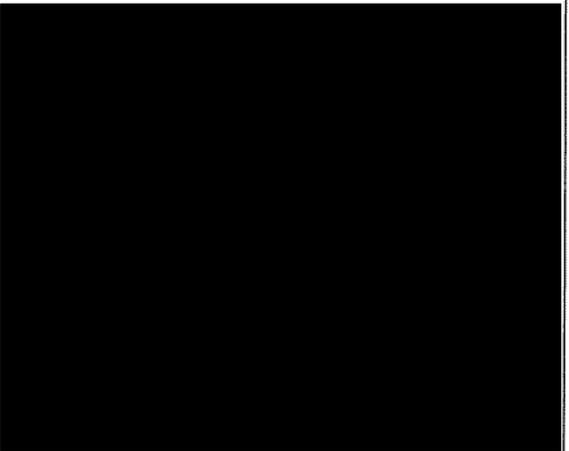
Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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4 203	Continued From page 27 	4 203	KEPT INTENTIONALLY BLANK	

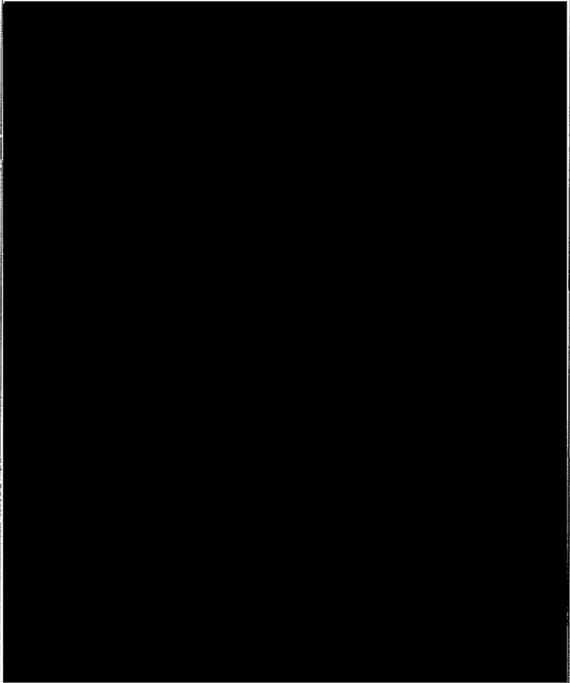
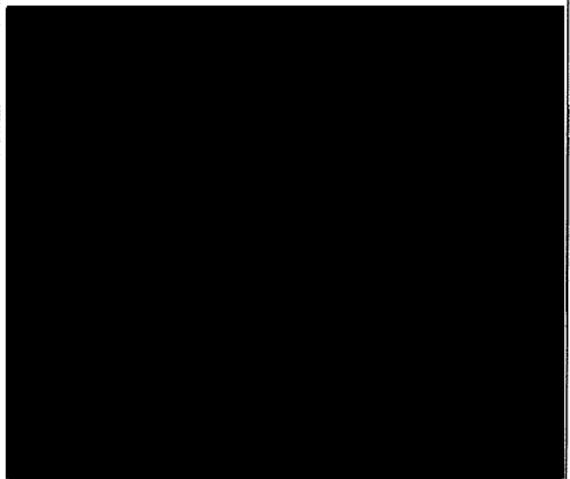
Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>		
(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
4 203	Continued From page 28    	4 203	KEPT INTENTIONALLY BLANK	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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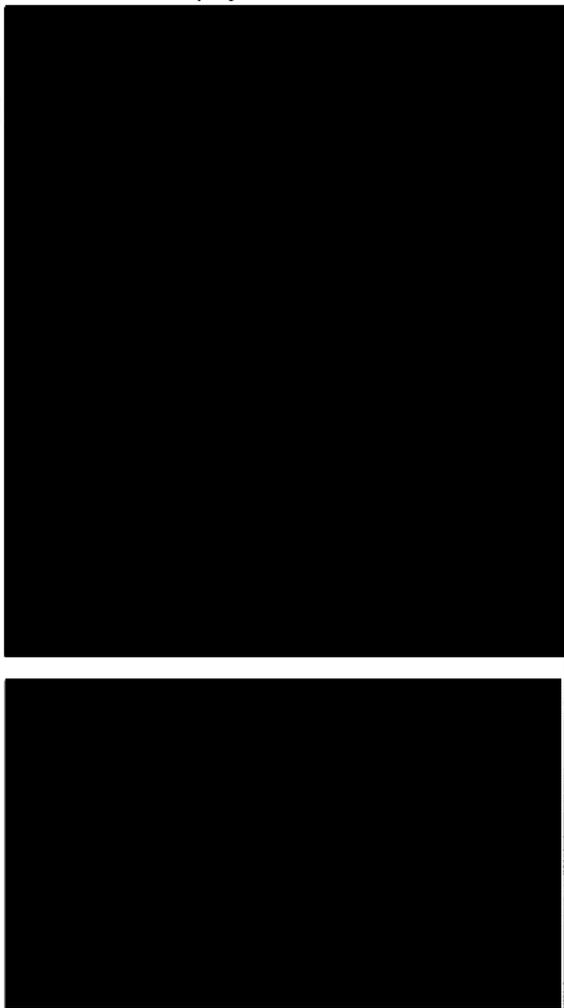
NAME OF PROVIDER OR SUPPLIER  <b>LILIHA HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1814 LILIHA STREET HONOLULU, HI 96817</b>
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4 203	Continued From page 29  	4 203	KEPT INTENTIONALLY BLANK	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2016</b>
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4 203	Continued From page 30 	4 203	KEPT INTENTIONALLY BLANK	