

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/05/2016
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NAME OF PROVIDER OR SUPPLIER MALUHIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1027 HALA DRIVE 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 re-licensure survey was completed on 5/05/16. The resident census at the time of entry was 115.	4 000		
4 102	11-94.1-22(d) Medical record system (d) Records to be maintained and updated, as necessary, for the duration of each resident's stay shall also include: (1) Appropriate authorizations and consents for medical procedures; (2) Records of all periods, with physician orders, of use of physical or chemical restraints with justification and authorization for each and documentation of ongoing assessment of resident during use of restraints; (3) Copies of initial and periodic examinations and evaluations, as well as progress notes at appropriate intervals; (4) Regular review of an overall plan of care setting forth goals to be accomplished through individually designed activities, therapies, and treatments, and indicating which professional services or individual is responsible for providing the care or service; (5) Entries describing all care, treatments, medications, tests, immunizations, and all ancillary services provided; and (6) All physician's, physician assistant's, or APRN's orders completed with appropriate documentation (signature, title, and date).	4 102		

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 2016 JUN 16 A 10: 27
 STATE OF HAWAII
 DOH OHCA MEDICARE

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

[Signature]

TITLE: ADMINISTRATOR

(X6) DATE: 6/3/2016

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4 102 Continued From page 1
This Statute is not met as evidenced by:
Based on record reviews, observations, and interviews the facility failed to maintain complete and accurate clinical information for 2 of 37 residents in the Stage 2 review. (Residents #125 and #144)



4 102	<p>HEAD NURSE (HN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL IMPLEMENT CORRECTIVE ACTIONS FOR RES #98 AFFECTED BY THIS PRACTICE, INCLUDING:</p> <ul style="list-style-type: none"> IDT met to review Res #98's care plan. Care plan on risk for further contractures was revised to include recommendations from Physical Therapy to do passive range of motion (PROM) [redacted] during care and Occupational Therapy recommendation to continue PROM [redacted] during showers and during care as tolerated. HN will review revised care plan with CNAs and review expectation and importance of accurately documenting range of motion (ROM) performed on the Resident Care Record. 	Completed	05-27-16
	<p>HEAD NURSE (HN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL ASSESS OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:</p> <ul style="list-style-type: none"> Residents who are receiving passive range of motion (PROM) by the CNAs will be identified and IDT will review/update care plan to accurately reflect if resident requires ROM for upper and/or lower extremities. HN / CN will review with staff the expectation and importance of accurately documenting interventions provided to residents on the Resident Care Record 	Start	05-06-16 – On-going

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		4 102	<p>Continued From Page 2</p> <p><i>HEAD NURSE (HN), NURSING SUPERVISOR (SRN), DIRECTOR OF NURSING (DON) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING:</i></p> <ul style="list-style-type: none"> Resident Care Record (RCR) will be revised to include upper and lower extremities in the ROM section for CNAs to check location ROM is provided. In-service on the RCR for all CNAs will be presented to review how to complete the forms to reflect care provided to the residents accurately and on a timely basis. CN / HN will monitor Resident Care Record to ensure CNAs are documenting ROM accurately and on a timely basis. <p><i>DIRECTOR OF NURSING (DON), NURSING SUPERVISOR (SRN), HEAD NURSE (HN), AND QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT COMMITTEE (QAPI) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE THE EFFECTIVENESS OF THESE ACTIONS, INCLUDING:</i></p> <ul style="list-style-type: none"> SRNs and HNs will conduct monthly audits checking the care plans for ROM and that ROM is documented accurately on the Resident Care Record. Monthly audit by HN will be submitted to the DON for review of any deficiencies. Findings will be shared in Nurse Managers and staff meetings in order to improve this practice. DON will report findings to QAPI committee on a quarterly basis for further discussion and appropriate interventions. <p><i>MEDICAL DIRECTOR (MD), ADMINISTRATION (ADMIN), DIRECTOR OF NURSING (DON), AND HEALTH INFORMATION MANAGEMENT (HIM) WILL IMPLEMENT CORRECTIVE ACTIONS TO ADDRESS THIS PRACTICE, INCLUDING:</i></p> <ul style="list-style-type: none"> Medical Director – sent email to MD#1 on 5/24/16 advising [redacted] of importance of legibility in all documentation and asking for [redacted] cooperation in this matter. MD #1 acknowledged receipt of email on 5/24/16. Medical Director and Administrator – follow up letter will be sent to MD#1 reviewing the Summary of Deficiencies in regard to legibility of [redacted] discharge summaries and orders, with an initial proposal for [redacted] review and input. MD#1 will be asked to type all orders and discharge summaries. <p><i>MEDICAL DIRECTOR (MD), ADMINISTRATION (ADMIN), DIRECTOR OF NURSING (DON), HEALTH INFORMATION MANAGEMENT (HIM) WILL ASSESS OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:</i></p> <ul style="list-style-type: none"> Medical Director and Administration – general letter will be sent to all providers at Maluhia, regarding citation and importance of legibility of all documentation and orders. Medical Records Committee (MRC) will also identify other providers that have consistent legibility issues in their documentation of orders and discharge summaries. A separate letter to these providers notifying them of this issue and the requirement of improvement will be sent by the Medical Director and Administration. 	<p>Complete by 06-06-16</p> <p>Start 05-31-16 – Complete by 06-06-16</p> <p>Start 05-06-16 – On-going</p> <p>Start 06-13-16 – On-going</p> <p>Start 06-17-16 – On-going</p> <p>Completed 05-24-16</p> <p>06-06-16</p> <p>Complete by 06-18-16</p> <p>Start 06-13-16 – On-going</p>

AMENDED POC

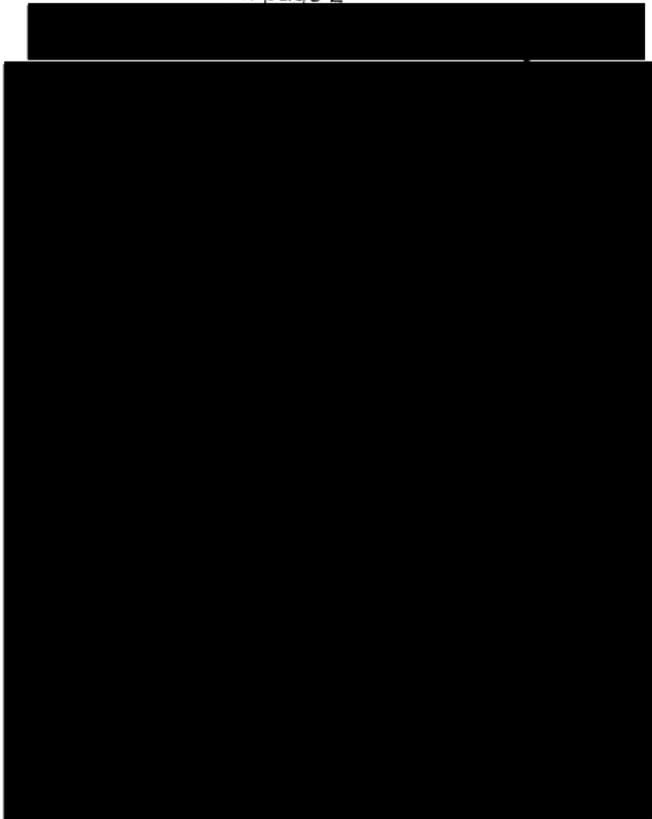
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		4 102	<p>Continued From Page 2a</p> <p><i>INFORMATION SYSTEMS (IT), HEALTH INFORMATION MANAGEMENT (HIM), MEDICAL DIRECTOR (MD), ADMINISTRATION (ADMIN), AND DIRECTOR OF NURSING (DON) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING:</i></p> <ul style="list-style-type: none"> IT will provide computer access on each unit for any provider identified in the future as having consistent issues with legibility. These computers will be used by providers to access, type and print MD orders on each of their residents. HIM will create a folder for MD order sheet and discharge summaries. MD#1 will type; print out a copy and orders while [REDACTED] visiting residents in the facility. Soft copy of discharge summary form will be set up for use by MD#1 and any other provider identified with consistent legibility issues. They will be asked to type their discharge summary, print, sign and fax back to facility. Providers that have been identified by the MRC will have another letter sent to them specifically addressing the illegibility of their documentation and requesting improvement. If they do not show improvement they will be asked to type their discharge summaries and orders. Maluhia Administration is in the process of requesting for proposals for an EMR system to be used in Maluhia. <p><i>MEDICAL DIRECTOR (MD), ADMINISTRATION (ADMIN), DIRECTOR OF NURSING (DON), AND QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT COMMITTEE (QAPI) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE THE EFFECTIVENESS OF THESE ACTIONS, INCLUDING:</i></p> <ul style="list-style-type: none"> Medical Records Committee (MRC) will do monthly chart audits for the next 6 months of MD#1's (and any other providers identified) documentation of MD orders and discharge summaries to ensure compliance with legibility. HIM to report deficiencies to the quarterly QAPI committee meetings, who will refer findings to Medical Director and Administration for further corrective interventions. 	<p>Completed 06-03-16</p> <p>Completed 06-03-16</p> <p>Start 06-13-16 – On-going Completed 06-03-16</p> <p>Start 06-13-16 – On-going</p> <p>Start 05-06-16 On-going</p> <p>Start 06-13-16 – On-going</p> <p>Start 06-17-16 – On-going</p>

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4 102 Continued From page 2



4 102

4 136 11-94.1-30 Resident care

4 136

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;

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4 136 Continued From page 3

4 136

- (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 observation, staff interviews, and record review, the facility did not ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for one (Resident #63) of 2 residents in the Stage 2 sample.

Findings include:



HEAD NURSE (HN), NURSING SUPERVISOR (SRN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL IMPLEMENT CORRECTIVE ACTIONS FOR RES #63 AFFECTED BY THIS PRACTICE, INCLUDING:

- HN & RAI Coordinator reviewed Res #63's care plan. Care plan was developed to address resident's refusal for _____ care. Completed 05-06-16
- HN/IDT will perform comprehensive significant change in status (new behavior) assessment regarding Res#63's refusal to allow staff to do _____ care. Start 05-20-16 complete by 06-10-16
- SRN TA with CNA assessed Res #63's ability to _____ by providing visual aids, cueing and physical guidance/assistance. Res#63 was able to _____ with assistance. Completed 05-28-16

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4 136 Continued From page 4

[REDACTED]

[REDACTED]

4 136

Continued From Page 4

- OT assessed and evaluated Res#63 ability to [REDACTED] Resident is [REDACTED] addressable and able [REDACTED] with assistance and cues. OT provided [REDACTED] translation [REDACTED] for nurses to use to communicate and engage resident in [REDACTED]
- IDT met to revise care plan. Offer resident [REDACTED] Assist and encourage, as needed. Communicate by using hand gestures, facial expressions, interpreter, and [REDACTED] translation sheet as needed. [REDACTED] for efforts to enhance participation. If [REDACTED] refuses, re-approach again and offer any time of the day [REDACTED] Continue with [REDACTED] consults routine visits and as necessary Consult with OT to assess use of assistive device if necessary in improving or retraining or assessing her ability to participate in [REDACTED] or need for assistive device. Coordinate/communicate with family and explain consequences of refusal to have [REDACTED] and explore further on past routine and preferences.
- HN will obtain interpreter to explain in the language that Res #63 understands [REDACTED] the importance of [REDACTED] and consequences if not done and contact Res #63's family regarding resident's refusal of [REDACTED] elicit suggestions and past practices from family. explain consequences of poor [REDACTED] care. Resident's preferences for [REDACTED] will be explored with resident and family.

Completed 06-01-16

Completed 05-31-16

Completed 05-31-16

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4 136 Continued From page 5



4 136

Continued From Page 5

- HN will review revised care plan with CNAs and give instructions to report refusal to Charge Nurse. Refusal will be documented on the Behavior / Intervention Monthly Flow Chart for continuous monitoring for effectiveness of care plan interventions
HEAD NURSE (HN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL ASSESS RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:
- HN / CN will instruct CNAs to complete Stop & Watch communication form to report to Charge Nurse/Head Nurse when residents have tendency to refuse [redacted] care. Refusal will be documented by CN/HN on the Behavior / Intervention Monthly Flow Chart for continuous monitoring for effectiveness of care plan interventions.
- Residents who are refusing care will be identified and care plan reviewed/updated to include interventions for staff to follow when [redacted] care is refused by residents. IDT will continue to review/update care plan for residents refusing [redacted] care

Start 05-31-16 – On-going

Completed 05-06-16

Start 05-16-16 – On-going

4 159 11-94.1-41(a) Storage and handling of food 4 159

(a) All food shall be procured, stored, prepared,

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		4 136	<p>Continued From Page 6</p> <p><i>HEAD NURSE (HN), CHARGE NURSE (CN), NURSING SUPERVISOR (SRN), DIRECTOR OF NURSING (DON) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING:</i></p> <ul style="list-style-type: none"> • DON / SRN will attend Resident Council meeting to encourage residents to participate in their care plan meetings and communicate with care givers their preferences and concerns. • HN / CN will encourage resident to attend Care Plan meetings to share their preferences, interpreters will be used if needed. At the Care Plan meetings, IDT will ask resident's family for suggestions, preferences and past practices to determine ways to provide the care which may be more acceptable for the resident. • HN will ask CNAs to give input regarding issue / problems providing activities of daily living care to residents prior to CP meetings. This information will be used by the IDT to review and update resident's care plan to reflect resident's needs and issues related to refusal of care. • CN / HN will monitor Resident Care Record & Behavior/Intervention Monthly Flow Chart for refusal patterns, update care plan and complete the MDS (E0800) Rejection of Care. • CN / HN will explain to resident/family importance of care / treatment / intervention, risk and benefits and consequences for refusing / rejecting care. <p><i>DIRECTOR OF NURSING (DON), NURSING SUPERVISOR (SRN), HEAD NURSE (HN), AND QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT COMMITTEE (QAPI) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE THE EFFECTIVENESS OF THESE ACTIONS, INCLUDING:</i></p> <ul style="list-style-type: none"> • SRN / HN will conduct monthly audits checking Behavior/Intervention Monthly Flow Chart, Resident Care Record, completed Stop and Watch forms for refusal of care and care plan addresses this. • Monthly audit will be submitted to the DON for review of any deficiencies. Findings will be shared in staff meetings in order to improve this practice. DON will report to QAPI committee quarterly for further discussion and appropriate interventions. 	<p>Completed 05-18-16</p> <p>Start 05-16-16 – On-going</p> <p>Start 06-06-16 – On-going</p> <p>Start 06-05-16 – On-going</p> <p>Start 05-16-16 – On-going</p> <p>Start 06-13-16 – On-going</p> <p>Start 06-17-16 – On-going</p>

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4 159 Continued From page 6
distributed, and served under sanitary conditions.

(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

(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.

4 159

HEAD NURSE (HN), NURSING SUPERVISOR (SRN) AND DIRECTOR OF NURSING (DON) WILL IMPLEMENT CORRECTIVE ACTION WITH FOR R #93 AFFECTED BY THIS PRACTICE INCLUDING:

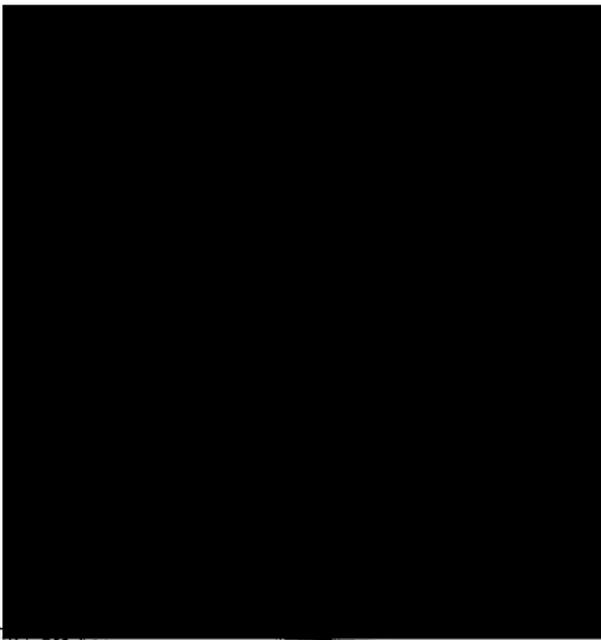
- Immediately reviewed infection practices for handling eating utensils with emphasis on maintaining sanitary condition. Completed 05-06-16
- HN / SRN and DON immediately reviewed with CNA (who was observed in the dining room area setting up tablecloths, napkins and placemats and not washing hands before passing a meal tray) to perform hand hygiene prior to passing each meal tray. Completed 05-06-16

NURSING SUPERVISOR (SRN), HEAD NURSE (HN) AND DIRECTOR OF NURSING (DON) WILL ASSESS RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:

- HN / SRN will review hand hygiene during meal service, and infection control practices for handling eating utensils with emphasis on maintaining sanitary condition. Start 05-09-16 - On-going
- Observe compliance with proper hand washing and maintaining sanitary condition of eating utensils during meal service. Start 05-09-16 - On-going

This Statute is not met as evidenced by:
Based on observation and staff interview, one staff member failed to serve food under sanitary conditions.

Findings Include:

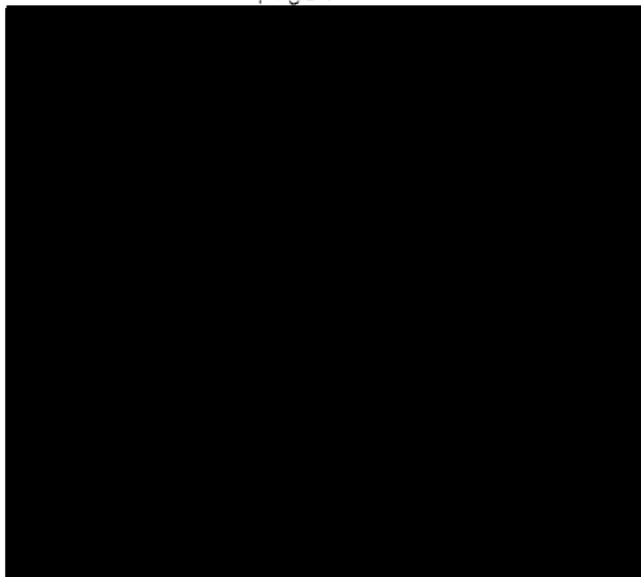


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4 159 Continued From page 7



4 159 Continued From Page 7
EDUCATION COORDINATOR (EC) AND INFECTION CONTROL COORDINATOR (ICC) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING

- Conduct training on the 5 Moments of Hand Hygiene and Cross Contamination Prevention during Meal Service. Start 06-03-16 – On-going
- Conduct in services on hand hygiene and the 5 Moments of Hand Hygiene during Meal Service upon hire, at the annual education fair, and just in time training with return demonstration for assessing competency. Start 05-06-16 – On-going

DIRECTOR OF NURSING (DON), NURSING SUPERVISOR (SRN), HEAD NURSES (HN), AND QUALITY ASSURANCE PERFORMANCE IMPROVEMENT COMMITTEE (QAPI) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE THE EFFECTIVENESS OF THESE ACTIONS, INCLUDING:

- Conducting monthly dining observations with emphasis on hand hygiene and cross contamination prevention. Findings will be submitted and discussed at the quarterly QAPI committee meeting. Start 06-06-16 – On-going

4 173 11-94.1-43(a) Interdisciplinary care process

(a) A comprehensive assessment shall be completed for each resident by an interdisciplinary team at least annually and updated as appropriate, based on the resident's condition.

This Statute is not met as evidenced by: Based on record review, interviews, and observations the facility failed to do a comprehensive, accurate, standardized reproducible assessment for 1 of 37 residents in the Stage 2 Census Sample. (Resident #98)

Findings include:



4 173

HEAD NURSE (HN), CHARGE NURSE (CN) WILL IMPLEMENT CORRECTIVE ACTIONS FOR RES #98 AFFECTED BY THIS PRACTICE, INCLUDING:

- CN contacted Res #98's attending physician regarding continued use of [redacted]. Completed 05-06-16
- Attending physician visited resident and ordered to discontinue medication when current supply is depleted. Completed 05-07-16
- Resident's [redacted] was informed and agreed with discontinuing this medication. Completed 05-09-16

AMENDED POC

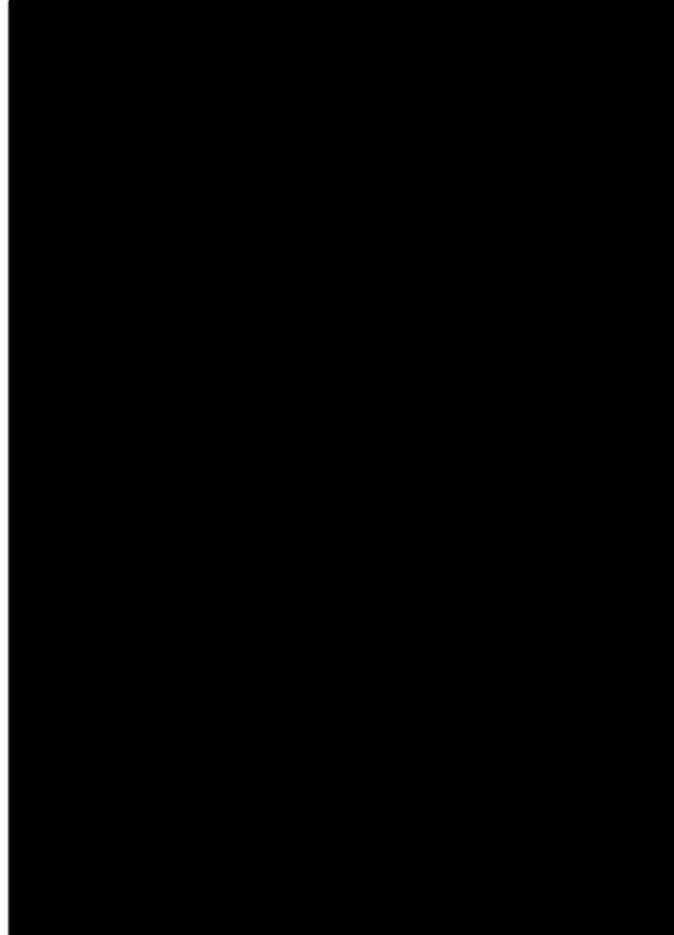
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		F 173	<p>Continued From Page 8</p> <ul style="list-style-type: none"> Quarterly assessment and IDT comprehensive review and revision of care plan were completed. Additional review and discussion of residents other medication with HN and Hospice RN was done. HN will follow up with attending MD. <p><i>HEAD NURSE (HN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL ASSESS OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:</i></p> <ul style="list-style-type: none"> HN / CN will review all current hospice residents' medication list and the most recent comprehensive assessment to ensure appropriateness to hospice diagnosis and resident's condition. If medication is not related to hospice diagnosis, attending physician will be consulted with to determine need to continue or discontinue medications, and document findings. <p><i>HEAD NURSE (HN), CHARGE NURSE (CN), NURSING SUPERVISOR (SRN), RAI COORDINATOR, INTERDISCIPLINARY TEAM (IDT), AND DIRECTOR OF NURSING (DON) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING:</i></p> <ul style="list-style-type: none"> DON / SRN reviewed with HN and RAI that all medications and treatment must be reviewed as part of the comprehensive assessment when resident is admitted to hospice services or when completing a significant change assessment. When a resident's level of care changes to hospice care, the CN / HN will review all medications and treatments by completing a new Admissions order form (except for the TB and vaccination section). The nurse will confirm these orders with the attending physician/provider. When resident is discharged from hospice services a complete review of medications and treatment will be done by completing a new Admission order form. HN / CN will collaborate with hospice services for new admission orders. HN / CN will complete a thorough assessment and evaluation of residents on admission, quarterly, annually, if with significant change, and as needed. During scheduled IDT conference, a thorough evaluation and assessment will be done on each resident to ensure that the resident's care plan accurately reflects the needs / condition of the resident. <p><i>DIRECTOR OF NURSING (DON), NURSING SUPERVISOR (SRN), HEAD NURSE (HN), RAI COORDINATOR, AND QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT COMMITTEE (QAPI) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE THE EFFECTIVENESS OF THESE ACTIONS, INCLUDING:</i></p> <ul style="list-style-type: none"> RAI will monitor that comprehensive assessment including medication review will be completed for residents admitted to facility on hospice services and residents admitted to hospice services due to decline in condition. 	<p>Completed 05-31-16</p> <p>Completed 06-02-16</p> <p>Completed 06-03-16</p> <p>Completed 06-03-16</p> <p>Completed 05-12-16</p> <p>Start 06-06-16 – On-going</p> <p>Start 06-06-16 – On-going</p> <p>Start 05-16-16 – On-going</p> <p>Start 05-16-16 – On-going</p> <p>Start 05-16-16 – on-going</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION RECOMMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
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NAME OF PROVIDER OR SUPPLIER MALUHIA	STREET ADDRESS, CITY, STATE, ZIP CODE 1027 HALA DRIVE HONOLULU, HI 96817
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4 173 Continued From page 8



4 173	Continued From Page 8a <ul style="list-style-type: none"> HN / SRNs will audit all current and recently discharged hospice residents for completed new Admission Orders when resident is admitted or discharged from hospice services. Monthly audit by HN will be submitted to the DON for review of any deficiencies. Findings will be shared at Nurse Managers and staff meetings in order to improve this practice. DON will report to OAPI committee quarterly for further discussion and appropriate interventions. 	Start 05-16-16 – On-going Start 06-16-16 – On-going
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4 174 11-94.1-43(b) Interdisciplinary care process 4 174

(b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and

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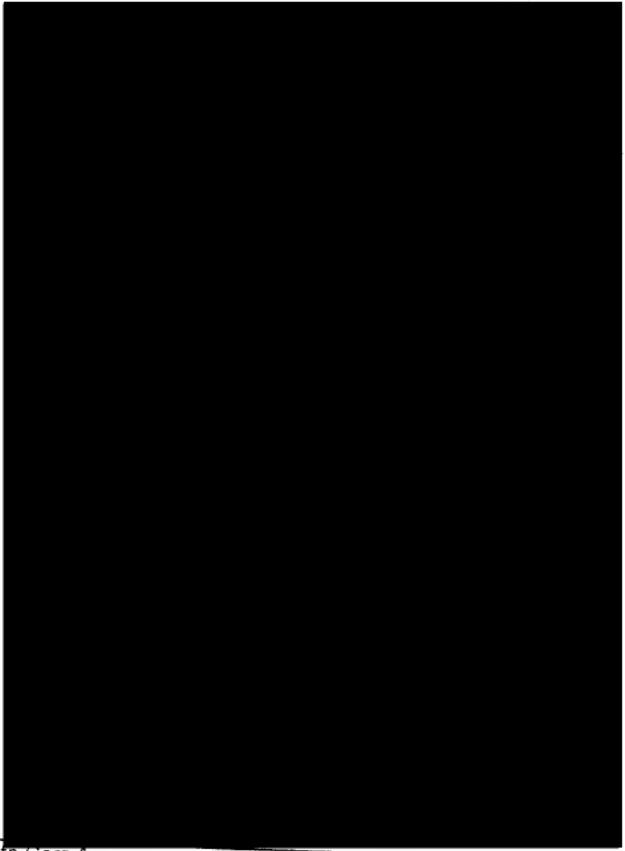
4 174 Continued From page 9

resident/family education.

This Statute is not met as evidenced by:
Based on observation, staff interviews, and record reviews, the facility failed to develop comprehensive care plans for 2 of (Resident #63, #119) 20 residents in the Stage 2 survey sample.

Findings include:

Cross reference to F312 for Resident #63.



4 174

HEAD NURSE (HN), NURSING SUPERVISOR (SRN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL IMPLEMENT CORRECTIVE ACTIONS FOR RES #63 AFFECTED BY THIS PRACTICE, INCLUDING:

- HN / RAI reviewed Res #63's care plan. Care plan was developed to address resident's refusal for [redacted] "Potential for [redacted] problems such as [redacted] related to refusing to have [redacted] care" Completed 05-06-16
- HN / IDT will perform comprehensive significant change in status assessment regarding Res#63's refusal to allow staff to do [redacted] Start 05-20-16
Complete by 06-10-16
- SRN TA with CNA assessed Res #63's ability to [redacted] by providing visual aids, cueing and physical guidance/assistance. Res#63 was able to [redacted] with assistance Completed 05-28-16
- OT assessed and evaluated Res#63 ability to [redacted] Resident is agreeable and able to [redacted] with assistance and cues. OT provided [redacted] translation [redacted] for nurses to use to communicate and engage resident in [redacted] Completed 05-31-16

AMENDED POC

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
MALUHIA		1027 HALA DRIVE HONOLULU, HI 96817		
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4 174		4 174	<p>continued From page 10</p> <ul style="list-style-type: none"> IDT met to revise care plan [REDACTED] <p>Assist and encourage, as needed Communicate by using hand gestures, facial expressions, interpreter, and [REDACTED] translation sheet as needed to motion how to do [REDACTED]</p> <p>Praise for efforts to enhance participation. If [REDACTED] refuses, re-approach again and offer any time of the day. [REDACTED]</p> <p>Continue with [REDACTED] routine visits and as necessary. Consult with OT to assess use of assistive device if necessary in improving or retraining or assessing [REDACTED] ability to participate in [REDACTED] or need for assistive device. Coordinate/communicate with family and explain consequences of refusal to have [REDACTED] and explore further on past routine and preferences</p> <ul style="list-style-type: none"> HN will obtain interpreter to explain in the language that Res #63 understands [REDACTED] the importance of [REDACTED] and consequences if not done and contact [REDACTED] family regarding resident's refusal of [REDACTED] elicit suggestions and past practices from family, explain consequences of poor [REDACTED] care. Resident's preferences for [REDACTED] will be explored with resident and family. HN will review revised care plan with CNAs and give instructions to report refusal to Charge Nurse. Refusal will be documented on the Behavior/Intervention Monthly Flow Chart for continuous monitoring for effectiveness of care plan interventions. <p>HEAD NURSE (HN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL ASSESS OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:</p> <ul style="list-style-type: none"> HN / CN will instruct CNAs to complete Stop & Watch communication form to report to Charge Nurse/Head Nurse when residents have tendency to refuse [REDACTED] Refusal will be documented by CN/HN on the Behavior/Intervention Monthly Flow Chart for continuous monitoring. 	<p>Completed 05-31-16</p> <p>Completed 05-31-16</p> <p>Start 05-31-16 – On-going</p> <p>Completed 05-06-16</p>

AMENDED POC

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4 174		4 174	<p>Continued From Page 10a</p> <ul style="list-style-type: none"> Residents who are refusing care will be identified and care plan will be reviewed / updated to address interventions for staff to follow when activities of daily living care is refused by residents. IDT will continue to review/update care plan for residents refusing care. <p>HEAD NURSE (HN), NURSING SUPERVISOR (SRN), CHARGE NURSE (CN), AND DIRECTOR OF NURSING (DON) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING:</p> <ul style="list-style-type: none"> DON / SRN will attend Resident Council meeting to encourage residents to participate in their care plan meetings and communicate with care givers their preferences and concerns. HN / CN will encourage resident to attend Care Plan meetings to share their preferences, interpreters will be used if needed. At the Care Plan meetings, IDT will ask resident's family for suggestions, preferences and past practices to determine ways to provide the care which may be more acceptable for the resident. HN will ask CNAs to give input regarding issue/problems providing care to residents prior to CP meetings. This information will be used by the IDT to review and update resident's care plan to reflect resident's needs and issues related to refusal of care. CN / HN will monitor Resident Care Record & Behavior / Intervention Monthly Flow Chart for refusal patterns, update care plan and complete the MDS (E0800) Rejection of Care. CN / HN will explain to resident/family importance of care/treatment/intervention, risk and benefits and consequences for refusing / rejecting care. <p>DIRECTOR OF NURSING (DON), NURSING SUPERVISOR (SRN), HEAD NURSE (HN), AND QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT COMMITTEE (QAPI) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE THE EFFECTIVENESS OF THESE ACTIONS, INCLUDING:</p> <ul style="list-style-type: none"> SRN / HN will conduct monthly audits checking Behavior/Intervention Monthly Flow Chart, Resident Care Record, completed Stop and Watch forms for refusal of care and care plan addresses this. Monthly audit by HN will be submitted to the DON for review of any deficiencies. Findings will be shared in the Nurse Managers and staff meetings in order to improve this practice. DON will report to QAPI committee quarterly for further discussion and appropriate interventions. 	<p>Start 05-16-16 - On-going</p> <p>Completed 05-18-16</p> <p>Start 05-16-16 - On-going</p> <p>Start 06-06-16 - On-going</p> <p>Start 06-06-16 - On-going</p> <p>Start 05-16-16 - On-going</p> <p>Start 06-13-16 - On-going</p> <p>Start 06-17-16 - On-going</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
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4 174 Continued From page 10

4 174

[REDACTED]

HEAD NURSE (HN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL IMPLEMENT CORRECTIVE ACTIONS FOR RES #119 AFFECTED BY THIS PRACTICE, INCLUDING:

- HN / RAI met with IDT and reviewed Res #119's existing care plan

Completed 05-27-16

Care plan did not address the signs & symptoms related to the use of [REDACTED] which staff should monitor. IDT developed a separate care plan titled "At risk for possible side effects related to use of [REDACTED] include observation for side effects of [REDACTED]

Care plan was updated [REDACTED] to include additional observation [REDACTED]

- HN reviewed new care plan with CNAs and gave instructions to watch for signs and symptoms related to the use of [REDACTED] and report to Charge Nurse as indicated.

Completed 05-27-16

HEAD NURSE (HN), CHARGE NURSE (CN), RAI COORDINATOR, AND INTERDISCIPLINARY TEAM (IDT) WILL ASSESS OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:

- Review care plans for all current residents on [REDACTED] IDT will update or develop separate care plans to address signs and symptoms of [REDACTED] to observe for. Care plan will include name of the agent, diagnosis for use of [REDACTED] if with Coumadin International Normalized Ratio (INR) goal / range and monthly lab test, and side effects to monitor such as bleeding.

Start 05-16-16 - On-going

AMENDED POC

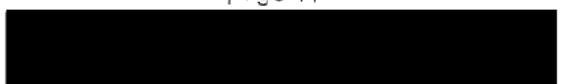
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4 174		4 174	<p>Continued From Page 11</p> <p>HEAD NURSE (HN), NURSING SUPERVISOR (SRN), RAI COORDINATOR, INTERDISCIPLINARY TEAM (IDT), DIRECTOR OF NURSING (DON) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING:</p> <ul style="list-style-type: none"> Develop and revise / update care plans when resident is placed on [redacted] and other [redacted] medications. Care plan will include name of the agent, diagnosis for use of the [redacted] if with Coumadin INR goal/range and monthly lab test, and side effects to monitor [redacted] RAI will ensure that care plans are reviewed / updated and complete with all required information in addition to signs and symptoms for bleeding and interventions when resident are on [redacted] medications. <p>DIRECTOR OF NURSING (DON), NURSING SUPERVISOR (SRN), HEAD NURSES (HN), RAI COORDINATOR, AND QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT COMMITTEE (QAPI) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE THE EFFECTIVENESS OF THESE ACTIONS, INCLUDING:</p> <ul style="list-style-type: none"> RAI / HN will incorporate in their monthly QA audits that care plans are comprehensive and include anticoagulant, diuretics, and insulin/diabetic medications, as indicated. SRN / DON will conduct spot checks of Medication Administration Record and Physician Order Sheet for residents on anticoagulants, diuretics, insulin / diabetic medications and ensure care plan addresses these medications. RAI / HN monthly audits will be submitted to the DON for review of any deficiencies. Findings of QA audit reviews will be reported to the Nurse Managers meeting and quarterly P&T and QAPI committees for recommendations and improvement. 	<p>Start 05-16-16 – On-going</p> <p>Start 05-16-16 – On-going</p> <p>Start 06-13-16 – On-going</p> <p>Start 06-16-16 – On-going</p> <p>Start 06-17-16 – On-going</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
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NAME OF PROVIDER OR SUPPLIER MALUHIA	STREET ADDRESS CITY STATE ZIP CODE 1027 HALA DRIVE HONOLULU, HI 96817
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4 174 Continued From page 11



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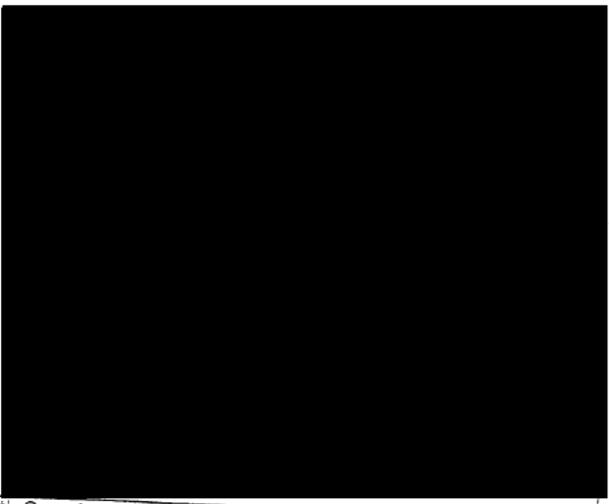
4 203 11-94.1-53(a) Infection control

4 203

(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, interviews, record and policy reviews the facility failed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease and infection for 2 of 37 residents in the Stage 2 census sample. (Resident #160 and #119)

Findings include:



HEAD NURSE (HN), NURSING SUPERVISORS (SRN), WILL IMPLEMENT CORRECTIVE ACTIONS FOR RESIDENTS R #160 AFFECTED BY THIS PRACTICE, INCLUDING:

- HN reviewed the proper procedure for hand hygiene and prevention of cross contamination during medication administration

Completed
05-06-16

HEAD NURSE (HN), NURSING SUPERVISORS (SRN) WILL ASSESS OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:

- HN / SRN will observe all Licensed Nurses (LN) on each shift on a quarterly basis as they administer medications with emphasis on hand hygiene technique and prevention of cross contamination.

Start
05-09-16 -
On-going

EDUCATION COORDINATOR (EC) AND INFECTION CONTROL COORDINATOR (ICC) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING

- Conducting in services on hand hygiene and infection control practices for medication administration; upon hire, at the annual education fair, and just in time training.

Start
05-09-16 -
On-going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED DOC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
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4 203 Continued From page 12



4 203

Continued From Page 12

DIRECTOR OF NURSING (DON), NURSING SUPERVISOR (SRN), HEAD NURSE (HN)'S, AND INFECTION CONTROL COORDINATOR (ICC) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE THAT EFFECTIVENESS OF THESE ACTIONS, INCLUDING:

- Conducting random hand hygiene spot checks during care and medication administration, and providing immediate feedback / correction as needed.
- HN / SRN will conduct monthly hand hygiene and quarterly medication administration audits. These will be reported, summarized, and submitted to the DON who will report the results to the quarterly Quality Assurance and Performance Improvement Committee (QAPI) and Infection Control Committee meetings.

Start
05-09-16 –
On-going

Start
06-13-16 –
On-going

HEAD NURSE (HN) WILL IMPLEMENT CORRECTIVE ACTION WITH PCT#1 FOR R #119 AFFECTED BY THIS PRACTICE INCLUDING:

- Reviewing hand hygiene and standard precautions procedure that includes when to wash hands and use gloves.

Completed
05-06-16

HEAD NURSE (HN), NURSING SUPERVISORS (SRN) WILL ASSESS OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THIS PRACTICE, INCLUDING:

- HN / SRN will review hand hygiene and standard precautions policies and procedures with all nursing staff, and emphasize proper hand washing and gloving before touching non-intact skin
- Observe compliance with proper hand washing and gloving of staff during direct contact when providing care.

Start
05-09-16 –
On-going

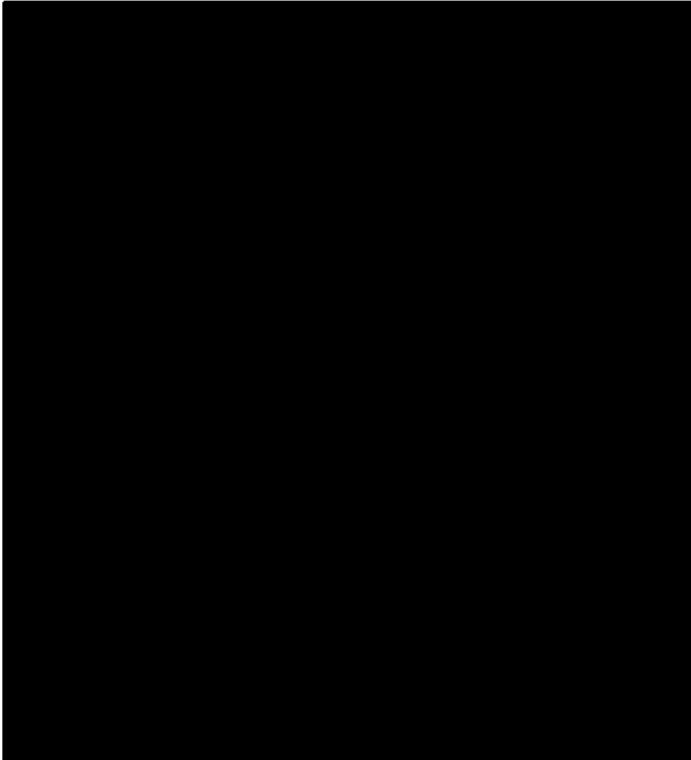
Start
05-09-16 –
On-going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENOC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
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4 203 Continued From page 13



4 203

Continued From Page 13

EDUCATION COORDINATOR (EC) AND INFECTION CONTROL COORDINATOR (ICC) WILL IMPLEMENT MEASURES TO ENSURE THAT THIS PRACTICE DOES NOT RECUR, INCLUDING:

- Conducting in services on hand hygiene and standard precautions upon hire, at the annual education fair, and just in time training with return demonstration for assessing competency.

Start
05-09-16 –
On-going

DIRECTOR OF NURSING (DON), NURSING SUPERVISOR (SRN), HEAD NURSES (HN), AND INFECTION CONTROL COORDINATOR (ICC) WILL MONITOR CORRECTIVE ACTIONS TO ENSURE EFFECTIVENESS OF THESE ACTIONS, INCLUDING:

- Conducting random hand hygiene and gloving spot checks during care and providing immediate feedback / correction as needed

Start
05-09-16 –
On-going
- HN / SRN will conduct monthly hand hygiene audits. These will be reported, summarized, and submitted to the DON who will report the results to the quarterly Quality Assurance and Performance Improvement Committee (QAPI) and Infection Control Committee meetings

Start
05-13-16 –
On-going