

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>125013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAUNALANI NURSING AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5113 MAUNALANI CIRCLE HONOLULU, HI 96816</b>
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4 000 11-94.1 Initial Comments

A re-licensing survey was conducted at Maunalani Nursing & Rehab Center from June 21, 2016 through June 24, 2016. A census of 96 was noted when surveyors entered the facility.

4 000

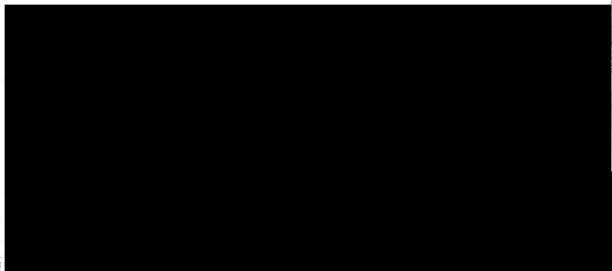
4 115 11-94.1-27(4) Resident rights and facility practices

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 resident/staff interviews, observations, and record reviews, the facility failed to promote dignity and respect for 1 of 20 residents [REDACTED] in the Stage 2 Survey sample.

Findings Include:



4 115

I.

1.) All caregivers have been re-in serviced by the Nursing Operations Manager and CNA Supervisor on resident dignity, self-determination and communication. The resident's care plan has been updated to reflect resident's preference on mode of communication and how staff communicates with resident.

a review of resident rights for self-determination, dignity, personal privacy and choice on all aspects of life was conducted with staff.

08/31/16

RECEIVED  
 2016 AUG 29 P 3:31  
 STATE OF HAWAII  
 DDH-OHCA MEDICARE

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

TITLE

(X6) DATE

STATE FORM

5109

9RYA11

If continuation sheet 1 of 11

*Exec Dir*

8/25/16

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4 115 Continued From page 1



4 115

2.) All residents with hearing difficulties will be identified and each resident's communication care plan will be reviewed. When identified, staff will determine with resident and/or family whether a communication device is needed, and the most effective way of communicating with resident will be sought.

3.) Systemic change will be implemented as follows:

a.) The assessment on Sec F of the MDS will be assigned to CNAs rather than activity staff so that the caregiver will be able to accommodate his/her residents' needs better.

b.) Consistent assignment of caregivers so that each staff member will truly know his/her residents; The facility will continue to promote relationship-building between residents and staff thereby encouraging trust and open communication where concern can be detected and addressed immediately between resident and staff.

c.) Customer service retraining with special focus on communication and body language will be conducted for all. Staff will be encouraged to get daily feedback from residents regarding their care and services; staff will also be empowered to discuss improvement plan with residents.

.A review of resident's self-determination rights and dignity will be conducted on a semi-annual-basis by the Social Services Director.

4.) All residents will be interviewed using the QIS form to assure that requirements are met and if not, corrective action will be taken immediately.

A PIP will be conducted by the Nursing Operations Manager on resident dignity and choices. Quarterly reports will be reviewed during the PIP meetings.

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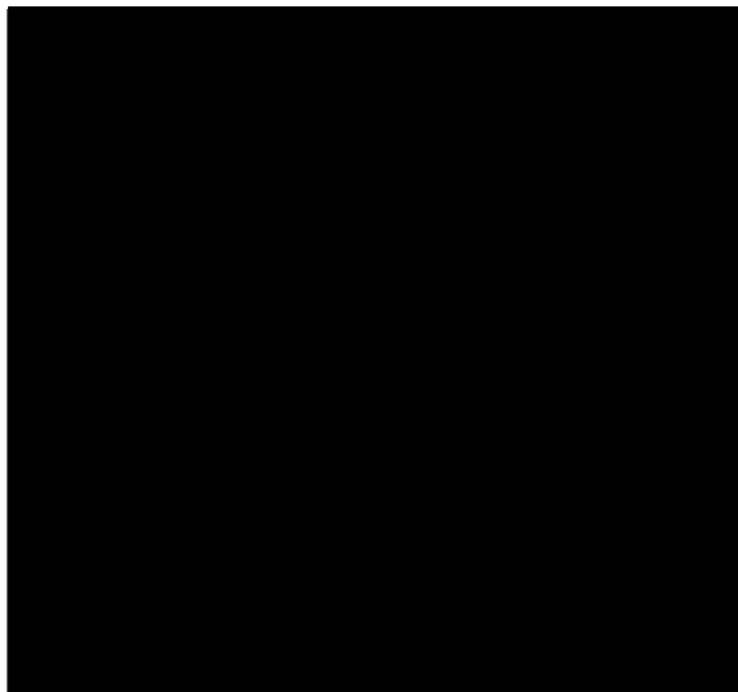
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4 115 Continued From page 2

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4 123 11-94.1-27(12) Resident rights and facility practices

4 123

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:

(12)The right to be fully informed in advance about care and treatment and of any changes in that care and treatment and the right to

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4 123 Continued From page 3  
participate in planning care and treatment, unless adjudged incompetent or incapacitated;  
  
This Statute is not met as evidenced by:  
Based on resident and staff interviews along with record reviews, the facility failed to allow 1 of 20 residents [redacted] in the Stage 2 Sample. [redacted]

4 123

Findings Include:

[redacted]

[redacted]

[redacted]

1.) Resident was interviewed the following day regarding [redacted] preference for [redacted] and [redacted] decided on [redacted] along with a personal preference for [redacted]

08/31/16

The care plan was revised and updated to indicate resident's preferences with [redacted] and frequency.

2.) The Social service department along with nursing personnel will interview all residents to update their preferences on the frequency regarding their showers. Staff and residents worked to arrive at a routine that is acceptable to residents.


3.) The systemic changes will involve changing everyone's mindset that the facility does not impose a shower schedule for residents. It is the residents who choose how often they want to be showered. All nursing staff was re-in serviced to comply with each individual resident's choice. Upon admission, annually and during a significant change resident preferences will be reviewed

4.) All residents will be interviewed using the QIS form to assure that requirements are met and if not, corrective action will be taken immediately.

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4 123	Continued From page 4 	4 123	A PIP will be conducted by the Nursing Operations Manager on resident dignity and choices. Monthly reports will be reviewed during the PIP meetings.	
4 149	11-94.1-39(b) Nursing services	4 149		

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4 149	<p>Continued From page 5</p> <p>(b) Nursing services shall include but are not limited to the following:</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 staff interviews and record reviews, the facility failed to ensure a resident's assessment accurately reflect the status for 1 of 9 [redacted] sampled residents in the 20 residents included in stage II.</p> <p>Findings include: [redacted]</p>	4 149	<p>1.) Resident was not negatively affected. Hospice care was being provided. The missing check mark was immediately placed on the MDS for resident [redacted]</p>	08/31/16

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4 149 Continued From page 6

An electronic record review conducted on the afternoon of 6/22/16 revealed that a notice was initiated showing the initial assessment was overdue. Upon request, the facility provided a copy of the initial admission, Resident Assessment Instrument (RAI) with an assessment reference date of 5/31/16. A review of the RAI showed in "Section O: Special Treatments, Procedures, and Programs", that hospice care was not checked.

An interview and concurrent review of the RAI was conducted with the LN. [REDACTED] reported that the resident was admitted to the facility for [REDACTED]. The LN reviewed the RAI and confirmed hospice care was not checked; therefore, the RAI was inaccurate.

An interview with the LN who completed the RAI was conducted on 6/24/16 at 9:00 AM. The LN reported that the RAI was corrected to include the resident received [REDACTED].

4 149

The nurse that completed the nursing assessment was reminded regarding the accuracy, completeness and timeliness of the MDS. The RAI coordinator reviewed with the nurse the importance of rechecking data entry prior to completion of work.

2.) A print out of all Hospice residents were reviewed and all records were timely and were appropriately checked on the MDS.

4 174 11-94.1-43(b) Interdisciplinary care process

(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 resident/family education.

4 174

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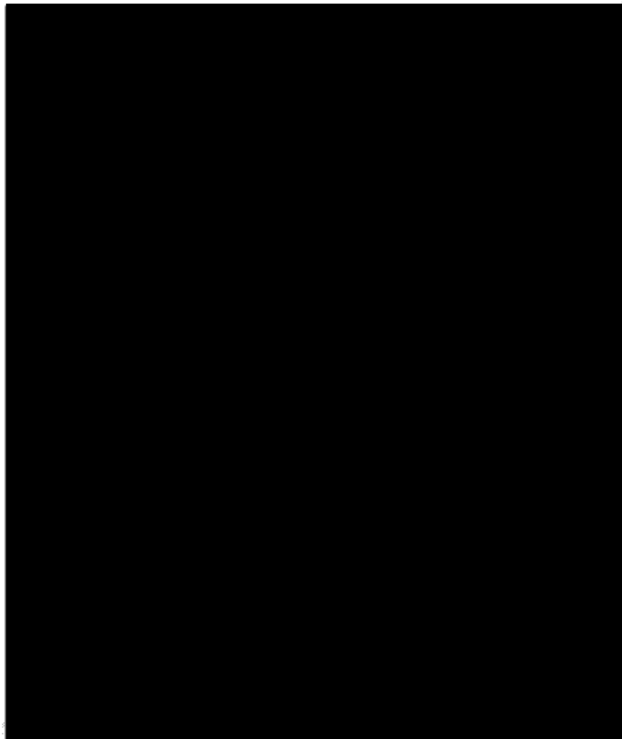
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4 174 Continued From page 7

This Statute is not met as evidenced by:  
Based on observations, medical record review, and staff interviews, the facility failed to develop and/or revise the comprehensive care plans for 2 of 20 residents [REDACTED] in the stage II sample.

Findings include:



An interview and concurrent record review was conducted with the LN on 6/23/16 at 9:45 AM. The LN reported R [REDACTED] physician intermittently ordered [REDACTED] as needed for [REDACTED] but had not ordered it as a routine medication. The LN

4 174

I.

1.) A care plan for [REDACTED] and use of [REDACTED] was completed for Resident [REDACTED]. The nurse was re-educated regarding the facility's policy requiring immediate care plans for all psychoactive medications.

2.) A print out of all residents on psychoactive medications will be reviewed to determine if care plans have been completed for those residents receiving these medications with corrective action in place.

3.) The interdisciplinary team will be in-serviced regarding care planning of all psychotropic medication regardless of diagnosis.

A print out of all psychotropics will be done on a weekly basis by Nursing Operations Manager to determine if monitoring and care planning has been accomplished.

4.) All psychotropic medications will be audited by the social worker for care planning, dose reduction, and appropriateness of medication. The social worker will address psychotropic use (care plans, dose reduction, and appropriateness) and report outcomes during the Quality Assurance Program.

II.

1.) A care plan was developed by the interdisciplinary team to address the use of diuretics and edema for the resident involved.

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4 174 Continued From page 8  
reviewed the record and confirmed there were two orders for [REDACTED]. A concurrent review of the care plan found there was no documentation of a care plan for the use of [REDACTED]. The LN reported that a care plan should be initiated when a nurse received new orders for medication.

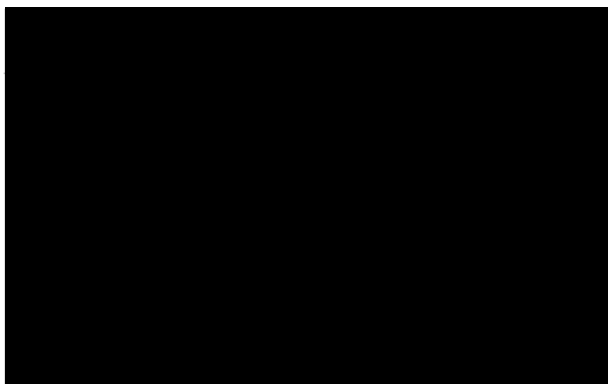
4 174  
Nurses were in-serviced on diuretic use, adverse effects, and associated complications related to its use.  
Nurses were reeducated to care plan immediately when new medications such as diuretics are used.  
2.) A listing of all residents on diuretics has been printed out and reviewed. Care plans for all residents receiving diuretic treatments were updated.

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.

4 203  
3.) The DON, ADON and NOM will in-service all licensed nurses on the policy regarding care plans for diuretics and other medications that need close monitoring.  
The licensed nurses will be required to complete care plans upon receipt of all new medication orders.  
4.) The ADON and Nursing Operations Manager will check the electronic health record system (Point Click Care) and obtain a print out on a weekly basis to determine if care plans are completed as required. The ADON will report compliance rates at monthly PIP meetings.

This Statute is not met as evidenced by:  
Based on observations and staff interviews, the facility failed to maintain a safe, sanitary environment for residents to help prevent the development and transmission of disease and infection.

Findings include:



I. 08/31/16  
1.) No resident was negatively affected. The nurse was immediately corrected and counseled. A review and reeducation of policy regarding infection control practices and cleaning procedures were emphasized with the Licensed Nurse. The importance of why and how to disinfect equipment when entering and existing a resident's room was emphasized.  
2.) The entire nursing personnel was observed by the nursing operations manager on all shifts and units to determine if other residents were affected by the practice. We determined that other licensed nurses were compliant with infection control practices.

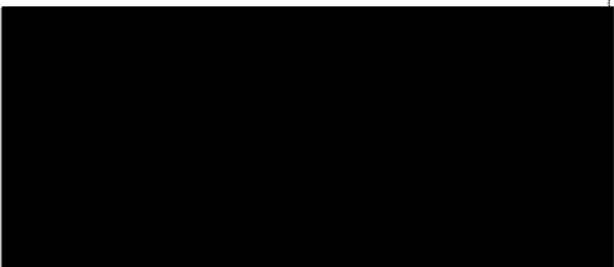
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4 203 Continued From page 9



On 6/23/16 at 9:15 AM, an interview was conducted with the DON regarding the infection control program. The DON was asked "What are your expectations for the staff to know how to utilize disinfectants appropriately and use in accordance with manufactures recommendations on the use of: wipes and sprays appropriately; and contact time in relationship to [REDACTED]?" The DON was informed of the observations and the inconsistencies between two CNA's

4 203

3.) All nurses will be reeducated on the infection control policy and the mandatory cleaning of equipment prior to entering a resident's room and when exiting the room. Review of policy will be done not less than semi-annually.

4.) The Nursing Operations Manager will conduct random weekly checks on all shifts to ensure infection control practices are not deficient and to comply with facility infection control practices to prevent any spread of infection and report at PIP meetings monthly.

II.

1.) Resident was not negatively affected. The CNA was corrected immediately and reeducated regarding infection control practice by the CNA Supervisor and Nursing Operations Manager. CNA verbalized understanding with infection control/sanitation practice when using equipment for residents before and after care.

2.) The CNA supervisor observed and conducted interviews with other CNAs to determine if the deficient practice was a systemic occurrence. [REDACTED] did not find evidence of other staff members using improper methods of infection control/sanitation of equipment.

3.) All staff will be reeducated on infection control practice, and sanitation of equipment prior to and after use for residents. The CNA supervisor will conduct observations/interviews weekly for 1 month and thereafter quarterly with sanitation/infection control practice. All staff will also be reeducated at this time. Sanitation wipes will be kept in the shower room for ease of access to clean equipment before/after resident use.

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4 203	Continued From page 10  interviewed about the disinfecting process. The DON acknowledged the discrepancy and stated that "they are supposed to clean the equipment between residents. They watched a video. The facility has two different type of products with a two minute kill time. The orange cap is for C-difficile. They identify by cap colors. They can ask the nurses for it and it is available at the vital signs machines".	4 203	4.) Infection control report will be reviewed at PIP meetings monthly with department directors and managers and with the Medical Director at the quarterly Quality Assurance and performance improvement meetings.	