

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/01/2016
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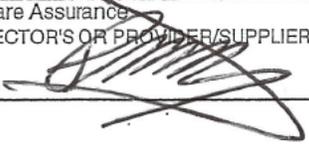
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NAME OF PROVIDER OR SUPPLIER NUUANU HALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 PALI HIGHWAY HONOLULU, HI 96817
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2016 SEP 27 A 10:01

(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 relicensure survey was conducted by the Hawaii State Survey Agency from August 30 to September 1, 2016. The census at the time of entrance was 69 residents.	4 000	<u>Corrective Actions Taken:</u> 4 173: 11 - 94.1 - 43(a) COMPREHENSIVE ASSESSMENTS	
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 observations, staff interviews and medical record reviews, the facility failed to conduct initial and periodic accurate assessment of a resident's functional capacity for two out of 24 stage two sample residents Findings include:	4 173	The initial Step taken by the facility to correct MDS misrepresentation was to hire a new nurse into the position of MDS Coordinator in 07 / 2016. This nurse, with education and coaching from a national consultant team working within the facility, is building competent MDS skills. Secondly, this MDS Coordinator did complete a review of the data entry in MDS, , and did validate the data Thirdly, the MDS Coordinator when completing the September 2016 Quarterly Assessment entry, will ensure the data does reflect an accurate description , to include accurate information	9.19. 2016 10.01. 2016 9.20. 2016

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



Administratror

TITLE

09/23/16

(X6) DATE

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4 173	Continued From page 1	4 173	<p><u>Identification of Other Residents Affected:</u></p> <p>A medical record review was initiated with the assistance of members of the national consultant team, and will be completed through the work of the facility's IDT which was established to review and develop individualized appropriate Care Plans for all residents</p> <p><u>Monitoring Systems to Ensure Deficient Practice Does Not Occur:</u></p> <p>Several months ago, through the educational efforts and guidance of the national consultant team, there were many key committees established with membership from varying departments within the</p>	<p>10.01.2016</p> <p>10.01.2016</p>

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4 173	Continued From page 2	4 173	facility, to address various aspects of care planning, record review, and MDS accuracy and input. Using an IDT approach, including the new MDS Coordinator, committees for review and adjustment of resident Care Plans are held weekly, and as indicated do include family or responsible party involvement. This is to ensure all aspects of the resident's needs are understood so a complete and accurate individualized Care Plan will result. Morning Meeting is a daily IDT meeting held primarily to discuss care challenges as they arise, for individual residents. This meeting format allows the care team, including regular attendance by staff nurses and CNA staff to discuss and explore approaches which might resolve these care challenges, and to provide an opportunity to institute practice changes related to provision of resident care or facility operations. Behavior / Psych Review meetings are held weekly, using an IDT process, to provide an on-going review of all residents receiving psychotropic medications, review of the implications for them receiving the medication, indication, effects - either adverse or beneficial - this is done to ensure evidence of breakthrough behaviors are documented, and to provide recommendations to the consultant Psychiatrist and Pharmacist for review.	on-going
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. This Statute is not met as evidenced by:			

4173

System Changes and Monitoring
Systems to Ensure Deficient Practice
Does Not Occur:

Going forward, the facility leadership drives the IDT approach to resident care review and revision. The established committees have dedicated membership, so the appropriate practitioners are reviewing Care Plans and providing input to the MDS Coordinator to ensure a complete and comprehensive assessment is accomplished for each resident. The facility QAPI program has a significant number of Performance Improvement Projects, each directed toward the evaluation of effective resident care, any environmental impact needing assessment or action, and the constant monitoring of Infection Control practices which directly impact resident safety and well-being, to monitor episodic care challenges the residents' may have. The environmental and direct care-related information reviewed, discussed, and any changes made within the QAPI process related to resident care will be reflected in the data given to the MDS Coordinator as develops the comprehensive assessments for the residents.

on-going

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4 174	<p>Continued From page 3</p> <p>Based on record review, the facility failed to develop, review and revise a resident comprehensive plan of care for one of 24 residents in stage 2 sample.</p> <p>Findings include:</p> <p>No care plan was found in the record for the use of medication.</p>	4 174	<p><u>Corrective Actions Taken:</u></p> <p>4 174: 11 - 94.1 - 43(b) INDIVIDUALIZED INTERDISCIPLINARY OVERALL PLAN OF CARE</p> <p>Beginning in early August 2016, with the assistance of the national consultant team, the new MDS Coordinator, and the facility IDT, began the review of all resident Care Plans. Similar care challenges were identified, and Problem-Solving steps were developed and individualized for each resident. Those residents with behavior challenges had Problem-Solving steps added to their care plans, to direct staff in providing care.</p> <p><u>Identification of Other Residents Affected:</u></p> <p>This was completed through an IDT review of all resident Care Plans.</p>	<p>9.22.2016</p> <p>9.22.2016</p>
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4174

Monitoring Systems to Ensure
Deficient Practice Does Not Occur:

Several months ago, through the educational efforts and guidance of the national consultant team, there were numerous key committees established with membership from varying departments, to address many aspects of care planning. Using an IDT approach, committees for review and adjustment of resident Care Plans are held weekly, and typically do include family members or the resident's responsible party. This is to ensure all aspects of the resident's needs are understood so a complete and accurate individualized Care Plan will result. Weekly Behavior / Psych Review meetings are held, again using the IDT process. These meetings provide a forum for continued communication with the consultant Psychiatrist, to aid in the on-going review of all residents getting psychotropic medications, any specific behaviors observed and documented to validate medication therapy, and subsequent necessity for medication is identified. This is done to ensure evidence of break-through behaviors are documented, and to provide the MDS Coordinator and Nursing Department with a full clinical picture of the resident such that a complete individualized Care Plan will result.

on-
going

4 174

System Changes and Monitoring
Systems to Ensure Deficient Practice
Does Not Occur:

Going forward, the facility leadership drives the IDT approach to resident care review and revision. The committees established, which review resident care and revise Care Plans will continue to meet weekly. Residents' family or responsible party members will continually provide input into these Care Planning meetings. The Morning Meeting process has been firmly established into the daily operations of the facility. This meeting will continue to provide on-going opportunities for the IDT, including the direct care staff of licensed and non-licensed members to discuss care challenges as they arise, propose solutions, and institute practice changes as indicated. The facility QAPI process has also been documented as a functional part of daily practice. Various episodes of "Rounding" are completed to evaluate many different aspects of care provided, and challenges related to this are brought to the weekly Q.I. / P.I.P review meetings. The primary focus of these P.I.P meetings is directed toward safe and complete resident care, as outlined in the residents' Care Plan.

on-
going