Hawaii Dept. of Health, Office of Health Care Assuranc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AMENDED POC	125046	A. BUILDING: _____ B. WING _____	09/02/2016

RECEIVED
2016 OCT 13 A 11: 00
STATE OF HAWAII

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PU'UWAI 'O MAKAHA	84-390 JADE STREET WAIANAE, HI 96792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	11-94.1 Initial Comments A re-licensure survey was conducted by the State Agency from 08/30/2016 to 09/02/2016.	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 interviews and record reviews, the facility did not ensure the resident has the right to choose shower schedules according wishes. Findings include:	4 115	4115 Responsible Party: Activity Director and/or Designee Date of Completion: 9/3/16 II. All residents/responsible parties were interviewed regarding resident bathing preference and scheduled accordingly. Responsible Party: Activity Director and/or Designee Date of Completion: 9/26/16 III. The current process of obtaining detailed preference regarding shower only if the person rates it "important" or "somewhat important" will be changed. All residents will have detailed information regarding their bathing preference recorded, and acted upon. This will occur upon admission and with each quarterly/annual care plan. Responsible Party: Activity Director and/or Designee Date of Completion: 10/3/16	

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Beth Santos, LNHA
TITLE: Administrator
(X6) DATE: 10/11/16

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4 115	Continued From page 1	4 115	4115 continued IV. Random audits will be conducted monthly X 3 and quarterly X 3. Results of audit findings will be reviewed at facility Performance Improvement Committee meeting. An ongoing semiannual audit will be conducted through an intra-company process further validating compliance in this area. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/10/16	

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4 115	Continued From page 2	4 115		
4 149	11-94.1-39(b) Nursing services (b) Nursing services shall include but are not limited to the following: (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; (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 (3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided. This Statute is not met as evidenced by: Based on observations, interview with Residents and staff members, along with record reviews, the facility failed to incorporate nursing observations and summaries of resident status to update and revise the resident care due to	4 149	4149 II. All care plans pertaining to transfers, urinary incontinence and nutrition were reviewed for accuracy and adjusted to reflect the current care needs as necessary. Responsible Party: MDS nurse and/or Designee Date of Completion: 9/26/16 III. All resident transfer, urinary incontinence and nutrition care plans will be verified for accuracy at each care plan meeting including initial, quarterly, and annual. Any changes will be transferred to nursing assistant care information. Responsible Party: MDS nurse and/or Designee Date of Completion: 10/3/16	

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4 149	Continued From page 3 changes in the resident's condition. Findings include: 1) On 9/01/16 7:37 A.M., In an interview with the Minimum Data Set (MDS) coordinator the comprehensive assessment on Nutrition had not been updated.	4 149	4149 IV. Random audits will be conducted monthly X 3 and quarterly X 3. Results of audit findings will be reviewed at facility Performance Improvement Committee meeting. An ongoing semiannual audit will be conducted through an intra-company process further validating compliance in this area. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/10/16	

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4 149	Continued From page 5	4 149		

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4 149	Continued From page 6	4 149		

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4 149	Continued From page 7	4 149		

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4 160	Continued From page 8	4 160		
4 160	11-94.1-41(b) Storage and handling of food (b) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced. This Statute is not met as evidenced by: Based on observations, staff interviews, and policy review the facility failed to ensrue that procedures to promptly and consistently clean all equipment and work areas are enforced. Findings include: During an observation of the kitchen on 8/30/16 during the initial tour with the Kitchen Manager (KM), the ice machine was noted to have a dark substance on the inner lip of the ice machine. The KM was interviewed and stated the machine was thoroughly cleaned every quarter. The scoop was located outside of the ice machine in a tray. The KM verified that the inner lip of the ice machine was "dirty" and stated that "this should be wiped down daily". In a policy review on 9/01/16, there were no instructions on daily cleaning of the machine.	4 160	4160 I. Hand sanitizer station installed near tray pass area in each dining room. Ice machine lid was immediately cleaned Responsible Party: Maintenance Director/FANS Director and/or Designee Date of Completion: 9/3/16 II. No residents experienced any negative effects in relation to this practice. Responsible Party: Maintenance Director/FANS Director and/or Designee Date of Completion: 9/3/16 III. Staff educated on appropriate times to clean hands. Ice Machine P&P revised to clean and sanitize interior door area weekly. Logs created to verify weekly process. Responsible Party: Director of Nursing/ FANS Director and/or Designee Date of Completion: 10/3/16 IV. Random audits will be conducted monthly X 3 and quarterly X 3. Results of audit findings will be reviewed at facility Performance Improvement Committee meeting. An ongoing semiannual audit will be conducted through an intra-company process further validating compliance in this area. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/10/16	
4 185	11-94.1-46(b) Pharmaceutical services (b) A facility shall have a current pharmacy policy manual consistent with current pharmaceutical practices developed and approved by the pharmacist, medical director/medical advisor, and director of nursing that: (1) Includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services, including the	4 185		

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4 185	Continued From page 9 safe administration and handling of all drugs and self-administration of drugs. Policies and procedures shall include pharmacy functions and responsibilities, formulary, storage, administration, documentation, verbal and telephone orders, authorized personnel, recordkeeping, and disposal of drugs; (2) Is reviewed at least every two years and revised as necessary to keep abreast of current developments in overall drug usage; and (3) Has a drug recall procedure that can be readily implemented. This Statute is not met as evidenced by: Based on observations, record reviews and interviews with staff, the facility failed to ensure 1 of 22 residents drug regimen was free of unnecessary drugs. Findings include:	4 185	4185 Responsible Party: Director of Nursing and/or Designee Date of Completion: 9/22/16 II. Residents with behavior monitoring logs were reviewed to ensure appropriate scheduling and display of these logs on the EHR. Responsible Party: Director of Nursing and/or Designee Date of Completion: 9/30/16 III. Nurses were educated on Behavior Monitoring process/procedure. Nurses were educated on EHR process to verify completion of behavior monitoring logs. RCM (Resident Care Manager) will review previous day EHR exception report to ensure behavior monitoring logs are completed. Any deviations will be completed at that time and be reported to the DON. DON will monitor compliance and continue education for any nurses with deviations. New hires will receive a post survey in-service packet that will include the behavior monitoring process/procedure including the EHR tool for verification. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/3/16	

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4 185	Continued From page 10	4 185	4185 continued IV. Random audits will be conducted monthly X 3 and quarterly X 3. Results of audit findings will be reviewed at facility Performance Improvement Committee meeting. An ongoing semiannual audit will be conducted through an intra-company process further validating compliance in this area. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/10/16	

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4 185	Continued From page 11	4 185		
4 194	11-94.1-46(k) Pharmaceutical services (k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. This Statute is not met as evidenced by: Based on observation and interview the facility failed to store all drugs and biological's in locked compartments that is only authorized personnel have access to the keys. Finding includes: On 8/31/2016 at 8:28 AM while walking in the hallway in Station 2 observed an unlocked and unattended medication cart, also observed	4 194	4194 I. Education provided to nurse not locking med cart regarding med safety/resident safety. No residents experienced any negative effects in relation to this practice. Responsible Party: Director of Nursing and/or Designee Date of Completion: 9/3/16 II. No other carts were found unlocked and unattended. Responsible Party: Director of Nursing and/or Designee Date of Completion: 9/3/16	

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4 194	Continued From page 12 walking in the hallway a few feet from the cart were random staff and residents. The top drawer of the cart was opened revealing of medication. 30 seconds later LN #5 was observed coming out of a random residents room. LN #5 stated "I was in a rush to give a medication, sorry, I left the cart unlocked".	4 194	4194 continued III. RCM will round periodically and test cart security. Education provided for nurses regarding locking of medication carts. New hires will receive a post survey in-service packet that will include locking of medication carts Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/3/16 IV. Random audits will be conducted monthly X 3 and quarterly X 3. Results of audit findings will be reviewed at facility Performance Improvement Committee meeting. An ongoing semiannual audit will be conducted through an intra-company process further validating compliance in this area. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/10/16	
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, interviews, and policy review, the facility did not maintain an infection control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection. Findings include:	4 203		

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4 203	Continued From page 13 2) On 9/1/2016 at 7:04 AM interviewed hospitality service worker (HSW) on the cleaners used in the facility. The hospitality service worker held up a bottle labeled All Purpose and shared this is for bedside tables, rails, and walls. When asked how long the surface needs to be wet to kill the germs the hospitality service worker said "not sure will get back" to you. On 9/1/2016 at 9:21 AM interviewed the housekeeping supervisor on the All Purpose disinfectant cleaner. The Housekeeping supervisor shared the All Purpose Cleaner cleaning time is 10 minutes. The manufactures label for All Purpose was concurrently reviewed where it stated, "Treated surfaces must remain wet for 10 minutes." The housekeeping supervisor shared, " I thought this meant wipe and leave for 10 minutes, did not know this meant keep wet for 10 minutes." 3) On 8/30/2016 at 8:15 AM observed in Room 14 A the uncovered bed mattress. The protective mattress cover was torn in the center at least 12 inches with the inner fibers exposed. On 9/1/2016 7:21 AM a concurrent observation with the housekeeping supervisor on the mattress in room 14 A was made. The housekeeping supervisor stated "the mattress should be	4 203	4203 I. Replaced torn bariatric protective mattress cover with a new bariatric mattress. No residents experienced any negative effects in relation to these practices. Responsible Party: Director of Nursing/ Hospitality Director and/or Designee Date of Completion: 9/7/16 II. Remaining mattresses were inspected for any tears and replaced as necessary. Responsible Party: Director of Nursing/ Hospitality Director and/or Designee Date of Completion: 9/9/16	

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4 203	Continued From page 14 changed out, not acceptable, should be reported to maintenance". 4) On 9/1/2016 at 7:21 AM observed laundry worker #1 (LW#1) outside of Station 1 building on the covered lanai sorting laundry from two very large bins. When asked the laundry worker confirmed, "this is where I sort the dirty laundry". LW#1 was asked to show the clean laundry area. Removing gloves and without hand sanitizing LW#1 walked into a nearby room and touched the washer, dryer doors, and pulled out the lint trap. The facility policy titled "Laundry Services" states 1. A. "All soiled linen should NOT be sorted in patient care areas." and IV. B. Laundry personnel should wash their hands and remove protective barriers before going into the clean linen area.	4 203	4203 continued III. Staff educated on appropriate times to clean hands. Education provided to nurses on appropriate times to clean hands. Hospitality Director was educated regarding All Purpose Cleaner Dwell Time and correct procedure to keep treated surfaces wet for 10 minutes. EVS staff were educated regarding All Purpose Dwell Time and correct procedure to keep treated surfaces wet for 10 minutes. The All Purpose Cleaner will be replaced with Peroxide Multi surface Cleaner with a 3-minute dwell time. Staff educated on inspecting and reporting any mattress concerns. Curtains were immediately put up to separate laundry presorting area from resident smoking area. Laundry Personnel educated on infection control in regards to the separation of soiled linen and resident areas as well as clean linen areas and the use of the curtain. New hires will receive a post survey in-service packet that will include disinfectants and dwell times. Responsible Party: Director of Nursing/ Hospitality Director and/or Designee Date of Completion: 10/3/16 IV. Random audits will be conducted monthly X 3 and quarterly X 3. Results of audit findings will be reviewed at facility Performance Improvement Committee meeting. An ongoing semiannual audit will be conducted through an intra-company process further validating compliance in this area. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/10/16	
4 243	11-94.1-64(a) Engineering and maintenance (a) The facility shall maintain all essential mechanical, electrical, and resident care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observation, interview, and policy review the facility failed to ensure the resident environment remains free of accident hazards as is possible. Findings include: On 8/3/2016 at 8:15 AM observed in the facility Station 1 hallway the handrail between rooms 8	4 243		

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4 243	Continued From page 15 and 9 was missing the brown varnish on the bottom of the wooden rail. Running fingers on the area with missing varnish caused a sliver of wood to fall out, the wood had a rough edge. On 9/1/2016 at 7:40 AM interviewed the maintenance manager on the process for facility repairs. The maintenance manager stated that requests are documented on a log at each station. The logs are checked daily and the repair work assigned. On 9/1/2016 at 2:38 PM asked CNA #4 to feel the worn area of the handrail in the hallway between rooms 8 and 9. After feeling the rail the CNA #4 stated "need to fix it, I talk to (Maintenance Manager)". On 9/2/2016 at 7:00 AM the maintenance log for Station 1 was reviewed and there was no entry made for repair of the splintered handrail. At 10:00 AM on the same day a joint observation with the maintenance manager was made, the manager felt the splintered handrail between room 8 and 9 and stated, "this should be sanded". Observed throughout the survey random residents walking or wheeling self along the same hallway past rooms 8 and 9, splintered hand rails are possible accident hazards to residents who may use the handrails. A review of the facility policy titled Maintenance of Hand/Guard Rails under Procedures. 2) "All sharp edges, damges, will be repaired/sanded."	4 243	4243 I. Maintenance worker was verbally informed of railing needs. The wooden railing identified was sanded and polished. No residents experienced any negative effects in relation to this practice. Responsible Party: Maintenance Director and/or Designee Date of Completion: 9/3/16 II. Wooden railings were inspected and sanded and polished as necessary. Responsible Party: Maintenance Director and/or Designee Date of Completion: 9/21/16 III. Maintenance request logs are located at each nursing station and staff have been in serviced to write down any maintenance issues as they arise. All staff have been instructed to utilize logs even with verbal notification. Maintenance checks these logs daily and completes the appropriate action in a timely manner. Responsible Party: Maintenance Director and/or Designee Date of Completion: 10/3/16 IV. Random audits will be conducted monthly X 3 and quarterly X 3. Results of audit findings will be reviewed at facility Performance Improvement Committee meeting. An ongoing semiannual audit will be conducted through an intra-company process further validating compliance in this area. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/10/16	
4 246	11-94.1-64(d) Engineering and maintenance (d) The facility shall maintain records that document that inspection of all devices essential to the health and safety of residents and personnel shall be carried out at sufficient intervals to ensure proper operational performance.	4 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AMENDED POC	125046	A. BUILDING: _____ B. WING _____	09/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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4 246	Continued From page 16 This Statute is not met as evidenced by: Based on observation, interview, record, and policy review the facility failed to maintain the patient care equipment in a safe operating condition. Finding includes:	4 246	4246 I. The machines were retested to ensure proper calibration. No residents experienced any negative effects in relation to this practice. Responsible Party: Director of Nursing and/or Designee Date of Completion: 9/3/16 II. All resident testing for the past 30 days was reviewed for significant variations or negative outcomes with no issues identified. Responsible Party: Director of Nursing and/or Designee Date of Completion: 9/3/16 III. The logs will be reviewed daily by the RCM to ensure action taken for any readings outside the required parameters. Educated nurses on proper calibration procedure. New hires will receive a post survey in-service packet that will include calibration procedure for glucose monitoring machines Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/3/16 IV. Random audits will be conducted monthly X 3 and quarterly X 3. Results of audit findings will be reviewed at facility Performance Improvement Committee meeting. An ongoing semiannual audit will be conducted through an intra-company process further validating compliance in this area. Responsible Party: Director of Nursing and/or Designee Date of Completion: 10/10/16	