

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/18/2016
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RECEIVED

NAME OF PROVIDER OR SUPPLIER HALE MAKUA HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1540 LOWER MAIN STREET WAILUKU, HI 96793
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2016 OCT 26 A 11:06

(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 This facility had a re-licensing survey completed from 08/15-18/2016. At the entrance conference the facility's census was 78 residents and 12 closed beds.	4 000	F 167 ACCESS TO SURVEY RESULTS Immediate Action Taken:	
4 054	11-94.1-6(d)(1)(2) Licensing (d) The most current licensing statement of deficiencies and plan of correction shall be kept on file in the facility, and the facility shall: 1) Make the statement of deficiencies and plan of correction available for examination in a place readily accessible to residents; and 2) Post a notice of the availability of the statement of deficiencies and plan of correction. This Statute is not met as evidenced by: Based on observations and staff interviews, the facility failed to make the results of the most recent survey readily accessible to residents. Findings include:	4 054	Copy of survey results from 2015 were immediately placed in the designated binder inside the wall-mounted bin labeled "Survey Results" which is located on the resident neighborhood. During the monthly Resident Council meeting following the survey, all attendee residents were reminded of their right to access survey results and the location of the survey results was physically shown to the residents by the Social Services Assistant. Upon receiving the plan of corrections with the roster list showing which residents specifically were unaware of survey results location, Social Services Assistant met with resident to ensure they were aware of the right to review the survey results and the location of the results on their neighborhood. F 167 ACCESS TO SURVEY RESULTS Future Preventative Action: Social Services will be proving resident council with bi-annual reminders regarding the resident's right to examine the most recent survey results, and the location of the results. This announcement will also be provided to families during the initial family meetings and periodically during resident care conferences. Three copies of the survey results will now be present inside the binder in the event that one copy should be taken. In addition, a sign will be posted near the survey results bin stating to obtain a copy from the Lanai nursing station if there are not results available in the binder. Periodic inspections of the binder will be done by SSA to ensure there are copies available	8/18/16 9/6/16 9/12/16 9/6/16 9/12/16

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

James Sui, RN

TITLE

Acting Administrator

(X6) DATE

10/24/16

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4 160	Continued From page 2 the ADN wiped the lip and verified that the inner lip was dirty and stated " this should also be cleaned daily ". * No mention of cleaning the inner lip of the ice machine was noted in the facility policy under daily cleaning.	4 160	F 431 DRUG RECORDS/LABELLING/STORAGE Immediate Action Taken: Both medication vials were immediately discarded after the survey. DON notified the IPC pharmacist of the concern regarding the pharmacy labelling covering the manufacture suggested expiration date. Pharmacist acknowledged that the label does cover the vial, but that pharmacy will write in the manufacturer expiration date because of this. DON verified that this was the case, but that the ink was smudged due to moisture from refrigeration. All medications in the facility were inspected to ensure that the expiration date was clearly legible. No further concerns regarding labelling were found.	8/18/16
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 did not ensure that drugs were accurately labeled to facilitate consideration of precautions and safe administration of medications. Findings include: On 08/17/2016 at 3:01 P.M. went to look at refrigerated meds in locked cabinet on Lanai unit with the LN. Observations revealed two medication bottles whose expiration dates were covered with the pharmacy drug label and moistened with water. It was necessary to peel off the drug label to see the expiration dates of the meds . Both drug bottles were opened on 05/12/16. The drug bottles had moistened labels and the expiration dates written in ink were distorted and illegible. The facility did not label drugs in accordance with acceptable professional principles and expiration dates when applicable.	4 197	F 431 DRUG RECORDS/LABELLING/STORAGE Future Preventative Action: DON met with all licensed nurses during post-survey meetings to discuss importance of ensuring that expiration dates on all medications are clearly legible. Staff are aware to bring concerns with pharmacy labelling to the attention of the DON. Education was also provided to licensed nurses to dispose of any medication if there is any question as to when it expires. DON followed up with IPC pharmacist who stated that the pharmacy will now be securing the written label with a piece of plastic tape so that the ink will not be exposed to moisture and the expiration date will be clearly legible. DON and Nursing Supervisor will be conducting QA inspections of medications to determine whether POC is sufficient. Further discussions with pharmacy will occur for any concerns	8/22/16 - 8/24/16 8/22/16 - 8/26/16 9/1/16 8/18/16

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4 218	Continued From page 3	4 218		
4 218	11-94.1-55(e) Housekeeping	4 218		
	<p>(e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair.</p> <p>This Statute is not met as evidenced by: Based on observations and interview the facility failed to maintain a sanitary environment to help prevent the development and transmission of disease and infection.</p>			
	<p>Findings include: Ceiling and wall mounted fans throughout the facility had built up dust and dirt on them and were blowing on residents, food, staff and visitors. On the Lanai Side of the Facility, 2 ceiling fans and 1 wall mounted fan had built up dust and dirt visible blowing on residents and staff in the activities room. In the dining room on the Lanai side, 4 ceiling fans had visible dirt on the edge of the blades and were blowing on residents who were eating. In the walkway on the Lanai side there were 2 wall mounted fans that both had visible dust and dirt built up on them and were blowing on residents, staff and visitors that walked by. In the nurses station on the Lanai side there was a wall mounted fan that had visible dirt and dust build up on it, blowing on the staff. In the Molokai dining room there were 3 ceiling fans that had visible dust and dirt built up on the edge of the blades blowing on residents and their food. A wall mounted fan on the Molokai side in the nurses station had visible dirt and dust built up blowing on staff. During an interview with the DON in regards to infection control for the facility, the dust and dirt build up was not only discussed with them, but also walked through the Lanai side of the facility and sighted the fans in the dining room, walkway and nurses station.</p>		<p>F 441 INFECTION CONTROL-CEILING FANS Immediate Action Taken:</p> <p>Immediately after the inspection, all ceiling fans and wall mounted fans were cleaned by environmental services staff. 8/18/16</p> <p>F 441 INFECTION CONTROL-CEILING FANS Future Preventative Action:</p> <p>All facility ceiling and wall mounted fans have been assigned to the weekly cleaning schedule. 8/18/16</p> <p>In addition, cleaning of facility fans has also been added to the monthly special projects duty list to ensure compliance. Wall mounted fans are periodically spray painted to prevent rust and to enhance its appearance, and to make cleaning of the fans easier. 9/15/16</p> <p>Environmental Services Director and Housekeeping Supervisor will monitor compliance for keeping fans in the facility clean. Concerns will be brought to the Quality Assurance and Performance Improvement committee. 8/18/16</p>	

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