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
	125042	A. BUILDING: _____ B. WING _____	09/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAHU CARE FACILITY	1808 SOUTH BERETANIA STREET HONOLULU, HI 96826

(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 licensure survey was conducted from 9/20/16 through 9/23/16.	4 000	4 105 Staff has been in-serviced on the need to request that physicians write legibly.	9/26/16, 10/17/16 and ongoing
4 105	11-94.1-22(g) Medical record system (g) All entries in a resident's record shall be: (1) Accurate and complete; (2) Legible and typed or written in black or blue ink; (3) Dated; (4) Authenticated by signature and title of the individual making the entry; and (5) Written completely without the use of abbreviations except for those abbreviations approved by a medical consultant or the medical doctor. This Statute is not met as evidenced by: Based on observations and interviews the facility failed to ensure that the facility maintains accurate, complete and organized clinical information about each resident that is readily accessible for resident care. Findings include: In a record review on 9/23/2016 at 11:01 A.M., physician orders for included two orders written that were illegible. In an interview with LN # 1 on 9/23/2016, when	4 105	It has been verified by the Medical Director and staff that this physician is unable to write legibly. When the physician of as well as other residents this physician is attending to, is writing orders, the licensed staff will transcribe the physician's dictated verbal order and have the physician verify and sign the order before carrying out the order. If the physician has written an order and staff is unable to read the order, staff will call to clarify and re-write a telephone order as a clarification. Audits by Health Information Associate and/or designee of physician's compliance to legibly written orders will be done weekly x 2 weeks, monthly x2 months, then quarterly x 1. The Health Information Associate and/or designee will report the results of the audits at the Quarterly Quality Improvement Committee Meeting (QQICM).	9/26/16 9/26/16 9/26/16 and ongoing 10/19/16 and ongoing

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4 105	Continued From page 1 asked to read the two physician orders, verified that they were difficult to read "so when the doctor is here we try to catch before leaves to check the orders". stated that they do not ask the doctor to re-write the order, "only if they have to contact by phone". verified that if the order is not re-written, others will have difficulty reading the order. stated that if they cannot catch the doctor before leaves they call to clarify and then re-write the order as a clarification. In an interview with the Receptionist/Unit Clerk on 9/23/2016, stated that would always try to make sure a nurse was aware the physician was writing orders so one nurse would sit next to verbally explain the order. In an interview with the Director of Nursing (DON) on 9/23/2016, verified that they were aware of the illegible writing by a physician "and we are working on that". verified that the expectation was for all orders to be written legibly.	4 105		
4 136	11-94.1-30 Resident care 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; (5) Fall prevention; (6) Use of restraints; (7) Communication; and	4 136		

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4 136	Continued From page 2 (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 observations, record reviews and interviews with staff members, the facility failed to ensure all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status was done for 5 (five) residents sampled for vision services nutrtion and medication regimen review and vision services. Findings include.	4 136	4 136.1 Documentation of refusal of ophthalmology exam and glasses was completed. Staff was inserviced about residents with impaired vision to: 1) During admission, if resident has prescription glasses, staff to ensure they are present; 2) offer large printed material if available; 3) offer to schedule an Ophthalmology consult and 4) The Interdisciplinary Team members to notify Charge Nurse and/or Supervisor if vision is activated on the MDS for the need of glasses or visual aides. Resident will be monitored by quarterly Care Conference notes Residents with charts coded #1 or higher for vision status/function will be audited by the Director of Nurses and/or designee weekly x 1, monthly x 2, and quarterly thereafter. The Director of Nursing or designee will report the results of the audits at the Quarterly Quality Improvement Committee Meeting (QQICM).	10/17/16 10/17/16 10/18/16 and ongoing 10/18/16 and ongoing 10/19/16 and ongoing

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4 136	Continued From page 3	4 136		

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4 136	Continued From page 4	4 136	4 136.2	10/17/16
			Licensed and CNA staff were inserviced on protein supplements and the need to document the correct amount of protein supplement consumed by the resident: 1) if liquid, include the time and amount. 2) if in solids [cereal], include the time and amount consumed by percentage, i.e. 25%, 50%, 75% or 100%. 3) Documentation will be on the MARs. CNAs will report to the Charge Nurses observations of consumption.	10/17/16 and ongoing
			Audits by Director of Nurses and/or designee of resident on protein supplements will be conducted weekly x1, monthly x 2, then quarterly thereafter.	10/18/16 and ongoing
			The Director of Nurses and/or designee will report the results of the audits at the Quarterly Quality Improvement Committee Meeting (QQICM).	10/19/16 and ongoing

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4 136	Continued From page 5	4 136		

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4 136	Continued From page 6	4 136		

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4 136	Continued From page 7	4 136	4 136.3	10/17/16
			An audit was performed for the other residents with psychotropic medications to ensure the correct diagnosis, parameters for PRN medications, side effects placed on the Psychotropic Care Plan, normal sleeping pattern placed on the Insomnia Care Plan and documentation on the Behavioral/Intervention Monthly Flow Record. Behavioral /Intervention Monthly Flow Record are written with one psychotropic medication and side effect per sheet.	10/18/16
			Charge Nurses and CNAs were inserviced on residents with psychotropic medications of the need for the correct diagnosis, PRN medication parameters, side effects placed on the Psychotropic Care Plan, normal sleeping patterns to be placed on the Insomnia Care Plan and the correct documentation on the Behavioral/Intervention Monthly Flow Record. Behavioral /Intervention Monthly Flow Record are written with one psychotropic medication and side effect per sheet.	10/17/16 and ongoing

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4 136	Continued From page 8	4 136	4 136.3 Cont. Audits by Director of Nurses and/or designee of psychotropic diagnosis, parameters and proper documentation will be done weekly x 1 week, monthly x2 months, then quarterly thereafter. The Director of Nursing, Consultant Pharmacist or designee will report the results of the audits at the Quarterly Quality Improvement Committee Meeting (QQICM).	10/18/16 and ongoing 10/19/16 and ongoing

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4 136	Continued From page 9	4 136		

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4 136	Continued From page 10	4 136	4 136.4 An audit was performed for the other residents with psychotropic medications to ensure the correct parameters and "as needed" for the PRN medications, documentation for the effectiveness of the psychotropic medication and parameters set as to when to call the physician, was added to the MAR; adverse side effects was placed on the Psychotropic Care Plan; Behavioral /Intervention Monthly Flow Record were rewritten with one psychotropic medication and side effect per sheet, and preferred activities was added to the Behavioral Questionnaire and Inappropriate Behavior Care Plan. CNAs were inserviced on the need to report to the Charge Nurses any behaviors, including hitting, pushing hands away, swatting and/or attempting to hit someone, and will add interventions that work to the Behavioral Questionnaire.	10/17/16 10/18/16 10/17/16 and ongoing

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4 136	Continued From page 11	4 136	4 136.4 Cont. Charge Nurses were inserviced on residents with psychotropic medications to ensure the correct parameters and "as needed" for the PRN medications, documentation for the effectiveness of the psychotropic medication and parameters set as to when to call the physician, is added to the MAR; adverse side effects is placed on the Psychotropic Care Plan; Behavioral /Intervention Monthly Flow Record are rewritten with one psychotropic medication and side effect per sheet, and preferred activities is added to the Behavioral Questionnaire and Inappropriate Behavior Care Plan.	10/17/16 and ongoing
			Audits by Director of Nurses and/or designee of psychotropic diagnosis, parameters and proper documentation will be done weekly x 1 week, monthly x2 months, then quarterly thereafter.	10/18/16 and ongoing
			The Director of Nursing, Consultant Pharmacist or designee will report the results of the audits at the Quarterly Quality Improvement Committee Meeting (QQICM).	10/19/16 and ongoing

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4 136	Continued From page 12	4 136	4 136.5	10/17/16
			An audit was performed for the other residents with anti-anxiety medications to ensure the correct diagnosis, parameters for PRN medications, the adverse reaction/side effects are on the Behavioral Care Plan. That diversional activities are set to the resident's preference. Behavioral /Intervention Monthly Flow Record are written with one psychotropic medication and side effect per sheet. Care Plans and Behavioral /Intervention Monthly Flow Record are synchronized. All PRN psychotropic medications are documented on the Progress Notes to indicate all non-pharmacological interventions used prior to psychotropic medication administration.	10/18/16 and ongoing

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4 136	Continued From page 13	4 136	4 136.5 Cont.	
			Charge Nurses were inserviced on the need for residents with anti-anxiety medications to have the correct diagnosis, parameters for PRN medications, the adverse reaction/side effects is documented on the Behavioral Care Plan; diversional activities is set to the resident's preference. Behavioral /Intervention Monthly Flow Record are written with one psychotropic medication and side effect per sheet. Care Plans and Behavioral /Intervention Monthly Flow Record are synchronized. All PRN psychotropic medications to be documented on the Progress Notes to indicate all non-pharmacological interventions used prior to psychotropic medication administration. Documentation is present for the effectiveness of the psychotropic medication.	10/17/16 and ongoing
			Audits by Director of Nurses, Consultant Pharmacist and/or designee of residents with anti-anxiety medications, have parameters and proper documentation will be done weekly x 1 week, monthly x2 months, then quarterly thereafter.	10/18/16 and ongoing
			The Director of Nursingor designee will report the results of the audits at the Quarterly Quality Improvement Committee Meeting (QQICM).	10/19/16 and ongoing

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4 136	Continued From page 14	4 136	4 136.6	
				9/23/16
			An audit was performed. There were no other residents on .	9/24/16
			Licensed staff was inserviced on the need to have the correct diagnosis .	10/17/16 and ongoing
			Audits by Director of Nurses and/or designee of the correct diagnosis for residents on Valium, will be done weekly x 1 week, monthly x2 months, then quarterly thereafter.	10/18/16 and ongoing
			The Director of Nursing, Consultant Pharmacist or designee will report the results of the audits at the Quarterly Quality Improvement Committee Meeting (QQICM).	10/19/16 and ongoing

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4 136	Continued From page 15	4 136		