

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/17/2016
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NAME OF PROVIDER OR SUPPLIER CLARENCE TC CHING VILLAS AT ST FRANCIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2230 LILIHA STREET HON, HI 96817
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4 000	11-94.1 Initial Comments A licensure survey was conducted from 11/15/16 through 11/17/16. The census at the time of entrance was 71 guests.	4 000		
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 (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 a review of a self-reported incident report (IR) submitted to the State Agency (SA) and investigated through record review and staff interviews during the recertification survey, the facility failed to ensure that the resident's environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 2 residents in the sample Findings include:	4 136	4136 2. Any resident with a fall prevention care plan involving an alarm device to monitor attempts to get up unassisted has the potential to be affected by this deficient practice. There were no other residents identified to be negatively affected by this occurrence. Resident Care Managers/designees rounded on all residents in house who had alarms as part of their care plan for fall prevention to ensure they had the appropriate alarms attached and the alarms were functional. Responsible Party: Director of Nursing and/or designee. 3. All Rehabilitation and Nursing Staff will be re-educated /inservice on the proper use of fall prevention alarms as indicated by fall prevention care plans. This will include application of attachable alarms, and bed/chair sensor alarms. Nursing staff will perform hourly rounding on any resident that has an alarm device to ensure proper attachment and function. At change of shift, nursing staff will do room to room hand off report on all residents. Responsible Party: Director of Nursing and/or designee.	11/17/16 12/15/16

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Admistrator* (X8) DATE 12/07/2016

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4 136	Continued From page 1	4 136	4136 continued 4. Nursing leadership and designees will conduct a total of 30 audits monthly for 3 months and then quarterly for 3 months to include assurance of alarm function and attachment and all staff are compliant with the correct use of fall prevention alarms. Results of audit findings will be reviewed at facility Performance Improvement meeting quarterly. An on-going semi-annual audit through intra-company process will further validate compliance in this area. Responsible Party: Director of Nursing and/or designee.	1/1/17

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4 136	Continued From page 2	4 136		
4 194	<p>11-94.1-46(k) Pharmaceutical services</p> <p>(k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.</p> <p>This Statute is not met as evidenced by: Based on observation and interview with staff members, the facility failed to ensure drugs were securely stored.</p> <p>Findings include:</p>	4 194	<p>4194</p> <p>1. No residents were affected by this deficient practice. All medications without expiration dates were discarded and replaced by Pharmacy. All expired medications/biologicals were discarded.</p> <p>Responsible Party: Director of Nursing and/or designee.</p>	11/17/16

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4 194	Continued From page 3	4 194	<p>4194 continued</p> <p>Pharmerica's director re-educated his pharmacy staff on the need to include the discard/expiration date on medication labels. Responsible Party: Pharmacy Director and/or designee.</p> <p>The RN who did not maintain direct observation of medications was immediately re-educated on proper procedures for medication security and administration. Responsible Party: Director of Nursing and/or designee.</p> <p>2. All residents have the potential to be affected by this deficient practice. However, no other residents were identified to be negatively affected by this occurrence. All medication storage areas (rooms and carts) were inventoried to ensure all remaining medications/biologicals had expiration dates. Any findings were immediately corrected. Responsible Party: Director of Nursing and/or designee.</p> <p>The Pharmacy Director re-educated technicians to write the expiration dates on the medication labels when filling the orders and retrained the pharmacists to verify the expiration date during their final check. Also retrained the pharmacists to write the expiration dates on the medication label when filling prescriptions during on-call hours. Pharmacy director will conduct internal audits to ensure compliance. Responsible Party: Pharmacy Director and/or designee.</p>	<p>11/17/16</p> <p>11/17/16</p> <p>11/18/16</p> <p>11/29/16</p>

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4 203	Continued From page 5	4 203	<p>4203</p> <p>1.</p> <p>The RN who did not adhere to proper infection control measures was immediately counseled/re-educated on proper infection control procedures. Hand Sanitizer is not kept on top of the PPE cart, but is accessible in all rooms for proper utilization prior to leaving room after PPE has been removed. Disinfecting wipes are placed in resident rooms for proper disinfecting of items in the room as needed and not placed on top of PPE cart.</p> <p>Responsible Party: Director of Nursing and/or designee.</p> <p>11/17/16</p> <p>2. All residents on any type of precautions for infection control purposes had the potential to be affected by this deficient practice, however no residents were identified to be negatively affected by this occurrence. Nursing staff verified that all current residents on precautionary measures had the proper signage, PPE and garbage cans correctly in place. All precaution rooms identified had hand sanitizer in the room, near the door prior to exiting and disinfecting wipes in the room.</p> <p>Responsible Party: Director of Nursing and/or designee.</p> <p>11/17/16</p> <p>3. Survey findings were discussed at the monthly Infection Control meeting with the Medical Director, the Infectious Disease physician, and nursing leadership on November 30, 2016. The Infectious Disease physician will conduct an inservice for all staff (to include Nursing, Rehabilitation, Housekeeping, Dietary, Administrative) to review infectious disease standards and precautions to specifically include contact and contact enteric precautions and the correct donning and doffing of PPE.</p> <p>Responsible Party: Director of Nursing and/or designee.</p> <p>12/15/16</p>	

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4 203	Continued From page 6	4 203	<p>4203 continued</p> <p>The Infection Control Plan policy will be reviewed specific to precautionary measures and revised to better delineate proper procedures for the care of residents on infection control precautions. A laminated form will be placed on each Infection/ PPE cart with precautionary measures to include specific PPE to be applied and when indicated.</p> <p>Responsible Party: Director of Nursing and/or designee.</p> <p>4. Nursing leadership and/or designee will randomly observe staff entering and exiting precaution rooms for the proper use of PPE weekly for 3 months and then quarterly for 3 months. Results of audit findings will be reviewed at the facility monthly Infection Control Meeting and at the Quarterly Performance Improvement meeting. An ongoing semi-annual audit through intra-company process will further validate compliance in this area.</p> <p>Responsible Party: Director of Nursing and/or designee.</p>	<p>12/15/16</p> <p>1/1/17</p>