

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/28/2016
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RECEIVED

NAME OF PROVIDER OR SUPPLIER  GARDEN ISLE HEALTHCARE AND REHABILIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3-3420 KUHIO HIGHWAY, SUITE 300 LIHUE, HI 96766
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2016 DEC -9 P 12:15

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4 115	<p>11-94.1-27(4) Resident rights and facility practices</p> <p>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:</p> <p>(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;</p> <p>This Statute is not met as evidenced by: Based on observation, interviews and record review, the facility failed to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of their individuality. Dignity also means interactions with residents such that facility staff carry out activities that assist the resident to maintain and enhance their self-esteem and self-worth. This facility failed to ensure staff responded in a timely manner to a resident's request for assistance for 2 of 31 residents in the Stage 2 sample.</p> <p>Findings include:</p>	4 115	<p>Responsible Party: Director of Nursing and/or Designee</p> <p>II. No other residents were negatively affected by this practice. Review of complaint log as well as resident and family council minutes did not reveal any resident or family complaints of untimely response to call bells nor dignity concerns.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>III. Staff will be inserviced on ensuring that the resident's needs are appropriately addressed when responding to a nurse call signal. Should that responding staff member require additional support to attended to the resident's need, he/she will call for assistance and ensure proper and timely assistance will be delivered. Staff will be in serviced on appropriate notification of resident family concerns.</p> <p>Continued on page 2</p>	<p>11/28/16</p> <p>12/02/16</p> <p>12/07/16</p>
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Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Burl Stamm, NHA*

TITLE

Administrator

(X6) DATE

12.6.16

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4 115	Continued From page 1	4 115	Continued from page 1  Resident/Family concerns will be addressed within three business days.  Responsible Party: Director of Nursing and/or Designee  IV. Audits will be conducted monthly x3 then quarterly thereafter to ensure compliance. An ongoing annual audit through an intracompany process will also validate compliance in this area. The results of the audit will be reviewed with the Quality Assurance Performance Improvement Committee.  Responsible Party: Director of Nursing and/or Designee	12/07/16

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4 115	Continued From page 2	4 115		

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4 115	Continued From page 3	4 115		
4 136	<p>11-94.1-30 Resident care</p> <p>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:</p> <p>(1) Respiratory care including ventilator use;</p>	4 136	<p>I. Upon notification in service was done regarding alarms protocol with nursing student instructor and nursing student involved.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>Continued on page 5</p>	12/07/16

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4 136	<p>Continued From page 4</p> <p>(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.</p> <p>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, staff interviews and policy and procedure review 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 assistive devices to prevent accidents.</p> <p>Finding include:</p>	4 136	<p>Continued from page 4</p> <p>II. No other residents were found to be negatively affected by this practice. All staff were in serviced on appropriate alarm protocol.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>III. Alarm protocol has been added to staff orientation as well as unit meeting agenda. Alarm protocol will also be added to nursing student orientation.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>IV. Audits will be conducted monthly x3 then quarterly thereafter to ensure compliance. An ongoing annual audit through an intracompany process will also validate compliance in this area. The results of the audit will be reviewed with the Quality Assurance Performance Improvement Committee.</p> <p>Responsible Party: Director of Nursing and/or Designee</p>	<p>12/7/16</p> <p>12/07/16</p> <p>12/07/16</p>

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4 136	Continued From page 6	4 136		
4 149	11-94.1-39(b) Nursing services	4 149	Continued on page 8	

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4 149	<p>Continued From page 7</p> <p>(b) Nursing services shall include but are not limited to the following:</p> <p>(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;</p> <p>(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</p> <p>(3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided.</p> <p>This Statute is not met as evidenced by: Based on electronic medical review (EMR) and staff interviews, the facility failed to ensure that 1 of 31 residents on the Stage 2 resident sample list, received a comprehensive assessment as part of an ongoing process to identify mood and behavioral symptoms and psychosocial well-being. Also, documentation of assessment information in support of clinical decision making was not found.</p> <p>Findings include:</p>	4 149	<p>Continued from page 7</p> <p>I. Upon notification resident record was updated with appropriate documentation. Care plan was updated appropriately to reflect resident current status.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>II. No other residents were found to be negatively affected by this practice. All resident's with noted behaviors over the past quarter will have medical records reviewed to ensure appropriate documentation and care planning with IDT team.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>III. A 3 day follow up will be conducted by social services on all reported behaviors utilizing a comprehensive assessment check list. This form will be reviewed by the IDT to assure accurate information is acknowledged and documented in patient record and care plans updated appropriately.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>IV. Audits will be conducted monthly x3 then quarterly thereafter to ensure compliance. An ongoing annual audit through an intracompany process will also validate compliance in this area. The results of the audit will be reviewed with the Quality Assurance Performance Improvement Committee.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>Continued on page 9</p>	<p>11/28/16</p> <p>12/07/16</p> <p>12/07/16</p> <p>12/07/16</p>



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4 149	Continued From page 8	4 149	<p>Continued from page 8</p> <p>I. Upon notification MDS was modified to reflect accurate information regarding continence status.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>II. No residents were found to be negatively impacted by this practice. All resident MDS records with noted worsening continence status were reviewed for accuracy and found to be compliant. CNA staffs have been in-serviced on appropriate ADL coding.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>III. All MDS assessments that trigger a decline for incontinence will result in having an IDT discussion as to accuracy prior to MDS submission.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>IV. Audits will be conducted monthly x3 then quarterly thereafter to ensure compliance. An ongoing annual audit through an intracompany process will also validate compliance in this area. The results of the audit will be reviewed with the Quality Assurance Performance Improvement Committee.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>Continued on page 10</p>	<p>12/06/16</p> <p>12/02/16</p> <p>12/06/16</p> <p>12/07/16</p>

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4 149	Continued From page 9	4 149	<p>Continued from page 9</p> <p>I. Upon notification resident record was updated with appropriate documentation. Care plan was updated appropriately to reflect resident current status.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>11/28/16</p> <p>II. No other residents were found to be negatively affected by this practice. All resident's with noted behaviors over the past quarter will have medical records reviewed to ensure appropriate documentation and care planning with IDT team.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>12/07/16</p> <p>III. A 3 day follow up will be conducted by social services on all reported behaviors utilizing a comprehensive assessment check list. This form will be reviewed by the IDT to assure accurate information is acknowledged and documented in patient record and care plans updated appropriately.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>12/07/16</p> <p>IV. Audits will be conducted monthly x3 then quarterly thereafter to ensure compliance. An ongoing annual audit through an intracompany process will also validate compliance in this area. The results of the audit will be reviewed with the Quality Assurance Performance Improvement Committee.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>12/07/16</p>	

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4 149	Continued From page 10	4 149		

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4 149	Continued From page 12	4 149		



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4 149	Continued From page 14	4 149		
4 159	<p>11-94.1-41(a) Storage and handling of food</p> <p>(a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.</p> <p>(1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and</p> <p>(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by:</p>	4 159	<p>I. Upon notification all refrigerators were immediately audited for missed dated/ labeled food items. Items labeled/dated, packaged appropriately for safe sanitation and discarded if appropriate.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>II. No other residents were found to be negatively affected by this practice.</p> <p>Responsible Party: Director of Nursing and/or Designee</p> <p>Continued on page 16</p>	<p>12/07/16</p> <p>12/07/16</p>





