

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  <b>AMENDED POC</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KAU HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 KAMANI STREET PAHALA, HI 96777</b>
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4 000	11-94.1 Initial Comments  A re-licensing survey was conducted at the facility from 10/11/16 to 10/14/16. The facility was licensed for 16 SNF/ICF beds and there were 16 residents on the census at the entrance conference.	4 000		
4 165	11-94.1-42(c) Physician services  (b) The facility shall ensure that arrangements have been made for all physician, physician assistant, or APRN visits and services.  This Statute is not met as evidenced by: Based on electronic medical record (EMR) review and staff interviews the facility failed to ensure that 2 of 12 residents sampled, had arrangements made for physician visits and services.  Findings include:	4 165	The measures to ensure deficient practice does not occur: The implementation of an electronic resident calendar was completed. The MDS coordinator is ultimately responsible for the coordination of outside medical needs of each resident. This coordinator now has the ability to track and be alerted recurring and timely needs of the residents.  Monitoring of corrective actions will be done by: The MDS coordinator along with each daily charge nurse is alerted electronically for calendared events. Follow up- appointments are electronically calendared and will be electronically alerted. Routine screenings implemented for outside services are also calendared based upon cyclical need. Reviewed at Quarterly QA and IDT Meeting	11/14/16

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Marilyn Hayes* 11-30-16 ADMINISTRATOR 11-30-16

STATE FORM 8899 O1Q011 If continuation sheet 1 of 12





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4 174	<p>Continued From page 3</p> <p>resident/family education.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that an individualized interdisciplinary plan of care was developed for 3 of 12 residents sampled , for restorative and preventive care.</p> <p>Findings include:</p>	4 174	<p>4 174</p> <p>The measures to ensure deficient practice does not reoccur: MDS coordinator will physically assess each resident before the resident's IDT meeting to ensure the physical plan of care matches the written plan of care.</p> <p>Monitoring of corrective actions will be done by: The DON will monitor the MDS coordinator for compliance of assessment prior to IDT meetings and report by DON to Quarterly QA/PI meeting</p>	Nov 9, 2016.

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4 174	Continued From page 4	4 174	<div data-bbox="878 1123 1382 1770" style="border: 1px solid black; padding: 5px;"> <p>4 174</p> <p>The measures to ensure deficient practice does not reoccur: MDS coordinator will physically assess each resident before the resident's IDT meeting to ensure the physical plan of care matches the written plan of care</p> </div>	11-22-16









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4 175	Continued From page 8	4 175	<p>4 175</p> <p>The measures to ensure deficient practice does not reoccur: MDS coordinator will physically assess each resident before the resident's IDT meeting to ensure the physical plan of care matches the written plan of care.</p> <p>Monitoring of corrective actions will be done by: The DON will monitor the MDS coordinator for compliance of assessment prior to IDT meetings and DON report to Quarterly QA/PI meeting.</p>	Nov 14, 2016.
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4 175	Continued From page 9  The facility's policy and procedure, "LTC; Interdisciplinary Resident Care Plan" (last revised 11/15), states the purpose is, "To develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and psychosocial needs that are identified in the comprehensive assessment...Procedure: 7. When a problem/need/ concern is resolved; complete the care plan with the resolution date written in the problems statement section. 8. If a problem/need/ concern reoccur, reactivate the CP (care plan) by changing it to active and start a new goal deadline. Important Points: 8. Care plans are continually reviewed and require adjustment to maintain realistic resident goals. Approach(es)/ plans require updating when prior ones are ineffective.	4 175		
4 205	11-94.1-53(b)(2) Infection control  (b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.  (2) At least one single bedroom shall be designated as an isolation room as needed and shall have:  (A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet;  (B) Appropriate hand-washing facilities	4 205	4 205  Current license 36-N holds an infection control waiver valid until November 30, 2016.  A request for renewal was mailed to Hawaii Office of Health Care Assurance October 15, 2016	10/15/16

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4 205	Continued From page 10 available to all staff; and  (C) Appropriate methods for cleaning and disposing of contaminated materials and equipment;  This Statute is not met as evidenced by: Based on observations and staff interview the facility did not have an designated isolation room to isolate resident(s) with infectious diseases.	4 205		
4 218	11-94.1-55(e) Housekeeping  (e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair.  This Statute is not met as evidenced by: Based on observations and staff interview the facility failed to maintain toilet room floor tiles.  Findings include: On 10/13/2016 at 8:05 AM accompanied the maintenance worker (MW) to room 8 to show him the cracked edges of the floor tiles in the toilet room. The MW stated that new tiles needed to be ordered to replace those that are cracked. Also, pointed out that caulking around the toilet looked yellowed and dried out and the MW agreed that the caulking around the toilet should be redone. The MW stated that he walks around the facility every Monday and had observed cracked floor tiles.	4 218	4 218  Corrective action will be accomplished by replacing damaged floor tiles and caulking in room 8.  We will identify other residents having the potential by doing a walk thru of all resident rooms. Any damages reported to supervisor and will be repaired.  Measures to ensure deficient practice doesn't recur are weekly walk thru of all resident rooms added to maintenance checklist.  Monitoring of corrective actions will be done by Supervisor who will report to Quarterly QA/PI Meeting.	11/26/16
4 269	11-94.1-65(d)(6) Construction requirements  (d) The facility shall have adequate toilet and bath facilities:	4 269		

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4 269	<p>Continued From page 11</p> <p>(6) An adequate supply of potable running water shall be provided at all times. Temperatures of hot water at plumbing fixtures used by the residents shall be automatically regulated and shall not be below 100 or above 120 degrees Fahrenheit;</p> <p>This Statute is not met as evidenced by: Based on observations and staff interview the facility failed to ensure that hot water temperatures at plumbing fixtures used by residents did not go above 120 degrees Fahrenheit in a residents, room.</p> <p>Findings include:</p> <p>On 10/13/2016 at 8:08 AM interviewed the maintenance worker (MW) and he stated that the facility had a mixer control for hot water and temperatures were controlled. Asked the MW to test the hot water temperature at the sink in room 8. The MW turned on the hot water and ran it for approximately 5 min before measuring the temperature with an infrared thermometer. The highest temperature was read at 124 degrees Fahrenheit.</p> <p>The MW stated that he would lower the facility's heater setting as his supervisor was on vacation and usually the person to monitor the mixing valve. The MW had no knowledge if a log was kept of hot water temperatures.</p>	4 269	<p>4 269</p> <p>Corrective action will be accomplished by: Facility water temp was immediately lowered and monitored in each room daily until mixing valve corrected. Mixing valve was replaced with new valve.</p> <p>We will identify other residents having the potential by doing a walk thru of resident rooms and testing water temp.</p> <p>Measures to ensure deficient practice doesn't recur are weekly walk thru checklist and monitoring and logging temperatures.</p> <p>Monitoring of corrective actions will be done by supervisor and reported to Quarterly QA/PI meeting</p>	11/10/16