FORM APPROVED Hawaii Dept. of Health, Office of Health Care Assurance (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: AMENDED POC B. WING 10/14/2016 125028 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 KAMANI STREET KAU HOSPITAL PAHALA HI 96777 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 4 000 4 000 11-94.1 Initial Comments A re-licensing survey was conducted at the facility from 10/11/16 to 10/1 4/16. The facility was licensed for 16 SNF/ICF beds and there were 16 residents on the census at the entrance conference. 4 165 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 The measures to ensure deficient 11/14/16 arrangements made for physician visits and practice does not occur: The services. implementation of an electronic resident calendar was completed. The MDS Findings include: 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

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

and IDT Meeting

11.30.16 Administrativ. 11.30.14.

8899 01Q011 If continuation sheet 1 of 12

screenings implemented for outside services are also calendared based upon cyclical need. Reviewed at Quarterly QA

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states, "Residents of this facility will receive foot

indicated...Procedure: Hygiene and foot care will be given with shower and also daily... performed by the CNAs. Skin condition of feet will be checked daily. Staff will follow nursing

procedures of observation while doing foot care. Toenails will be trimmed regularly by a designated

CNA during shower... Residents with the diagnosis Diabetes Mellitus or compromised

care to include podiatry care as

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resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care,

dietary or nutritional requirements, and

Hawaii Dept. of Health, Office of Health Care Assurance (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: AMENDED POO B. WING 125028 10/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 KAMANI STREET KAU HOSPITAL PAHALA, HI 96777 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 4 174 Continued From page 3 4 174 4 174 Nov 9, resident/family education. 2016. 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. Findings include: 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. 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

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Hawaii Dept. of Health, Office of Health Care Assurance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: AMENDED POO B. WING 10/14/2016 125028 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 KAMANI STREET KAU HOSPITAL PAHALA, HI 96777 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 4 174 Continued From page 4 4 174 4 174 11.22.16 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

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plan of care matches the written plan of care

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FORM APPROVED Hawaii Dept. of Health, Office of Health Care Assurance (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: AMENDED POC B. WING 125028 10/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 KAMANI STREET KAU HOSPITAL PAHALA, HI 96777 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 4 174 Continued From page 5 4 174 4 174 cont'd. Nov 22, Monitoring of corrective actions will be done 2016. by: The DON will monitor the MDS coordinator for compliance of assessment prior to IDT meetings and DON to report to Quarterly QA/PI meeting 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: 1. Each discipline will identify the resident's problems, needs, or concerns based on their assessment...2. Goals will be set for each concern that are realistic and written in measurable terms with specific time frames that are achievable. 3. Intervention will be stated in a clear and concise manner while still providing the necessary information needed to carry them out. 4. The responsible discipline for each intervention will be listed after the intervention..."

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Hawaii Dept. of Health, Office of Health Care Assurance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ amended pog 125028 B. WING 10/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 KAMANI STREET KAU HOSPITAL PAHALA, HI 96777 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 4 174 Continued From page 6 4 174 4 174 October 28, 2016 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 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 to Quarterly QA/PI meeting Upon review of the facility's policy and procedure, "LTC: Interdisciplinary Resident Care Plan" (last revised 11/15), it 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: 1. Each discipline will identify the resident's problems, needs, or concerns based on their assessment...2. Goals will be set for each concern that are realistic and written in measurable terms with specific time frames that

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are achievable. 3. Intervention will be stated in a clear and concise manner while still providing the

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_ AMENDED POG B. WING 125028 10/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 KAMANI STREET KAU HOSPITAL PAHALA, HI 96777 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 4 174 Continued From page 7 4 174 4 174 Correction Regarding no care plan necessary information needed to carry them out. found: Care plan updated. 4. The responsible discipline for each intervention will be listed after the intervention..." Facility identified missing care plans were inadvertently deleted by nurses thinking they were completing a task vs completing a care plan in the EMR. By clicking on completed they were deleting the plan. The measures to ensure deficient practice does not reoccur: Education of nurses as to proper use of the EMR in relation to care plans. Monitoring of corrective actions will be done by: The MDS coordinator will physically 4 175 11-94.1-43(c) Interdisciplinary care process 4 175 October assess each resident before the resident's 31, 2016. IDT meeting to ensure the physical plan of (c) The overall plan of care shall be reviewed care ( what is being done) matches the periodically by the interdisciplinary team to determine if goals have been met, if any written plan of care. changes are required to the overall plan of care, and as necessitated by changes in the resident's condition. This Statute is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure that the overall plan of care for 1 of 12 residents sampled was periodically reviewed by the interdisciplinary team. Finding includes: 4 175 See page 9 for correction

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_\_ AMENDED POG B. WING 125028 10/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 KAMANI STREET KAU HOSPITAL PAHALA, HI 96777 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 4 175 Continued From page 8 4 175 4 175 Nov 14, 2016. 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. 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.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_ AMENDED POU B. WING 125028 10/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 KAMANI STREET KAU HOSPITAL PAHALA, HI 96777 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 4 175 Continued From page 9 4 175 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. 4 205 4 205 11-94.1-53(b)(2) Infection control 4 205 10/15/16 Current license 36-N holds an infection (b) The facility shall have provisions for isolating control waiver valid until November 30, residents with infectious diseases until appropriate transfers can be made. A request for renewal was mailed to (2) At least one single bedroom shall be Hawaii Office of Health Care Assurance designated as an isolation room as needed and October 15, 2016 shall have: (A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet; (B) Appropriate hand-washing facilities

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Based on observations and staff interview the

facility failed to maintain toilet room floor tiles.

On 10/13/2016 at 8:05 AM accompanied the

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

4 269 11-94.1-65(d)(6) Construction requirements

(d) The facility shall have adequate toilet and

maintenance worker (MW) to room 8 to show him

Findings include:

cracked floor tiles.

bath facilities:

4 269

rooms. Any damages reported to supervisor

Measures to ensure deficient practice

resident rooms added to maintenance

doesn't recur are weekly walk thru of all

Monitoring of corrective actions will be done

by Supervisor who will report to Quarterly

and will be repaired.

checklist.

QA/PI Meeting.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_\_\_ AMENDED POC B. WING 125028 10/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1 KAMANI STREET** KAU HOSPITAL PAHALA, HI 96777 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 4 269 Continued From page 11 4 269 (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; 4 269 This Statute is not met as evidenced by: Based on observations and staff interview the Corrective action will be accomplished by: facility failed to ensure that hot water Facility water temp was immediately lowered temperatures at plumbing fixtures used by and monitored in each room daily until residents did not go above 120 degress mixing valve corrected. Mixing valve was Fahrenheit in a residents, room. replaced with new valve. 11/10/16 Findings include: We will identify other residents having the potential by doing a walk thru of resident On 10/13/2016 at 8:08 AM interviewed the rooms and testing water temp. maintenance worker (MW) and he stated that the facility had a mixer control for hot water and Measures to ensure deficient practice doesn't temperatures were controlled. Asked the MW to recur are weekly walk thru checklist and test the hot water temperature at the sink in room monitoring and logging temperatures. 8. The MW turned on the hot water and ran it for approximately 5 min before measuring the Monitoring of corrective actions will be done temperature with an infrared thermometer. The by supervisor and reported to Quarterly highest temperature was read at 124 degrees QA/PI meeting Fahrenheit. 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.