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
	125045	A. BUILDING: _____ B. WING _____	12/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALE ANUENUE RESTORATIVE CARE	1333 WAIANUENUE AVENUE HILO, HI 96720

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4 000	11-94.1 Initial Comments A State re-licensing survey was conducted at the facility from December 6 - December 9, 2016.	4 000		
4 149	11-94.1-39(b) Nursing services (b) Nursing services shall include but are not limited to the following: (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; (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 (3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided. This Statute is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure each resident's drug regimen remain free from unnecessary drugs for 3 of 30 residents(Res #37, Res #63, and Res #177 in the Stage 2 sample. Findings include:	4 149	1. Pharmacy Consultant completed psychoactive medication review with recommendations for GDR sent to physicians for residents #63 and #37. Target behaviors identified and behavior monitoring initiated for residents #63 and #37. Resident #177 was discharged. 2. Review of all residents receiving psychoactive medications complete. Recommendations for GDR/adjustment sent to physicians as required. Target behaviors identified and behavior monitoring initiated for all residents receiving psychoactive medications. 3. Future GDRs will be scheduled for all residents receiving psychoactive medications and/or upon admission/ new order quarterly x2 in first year and annually as required. Target behaviors to be identified and behavior monitoring initiated upon admission/with new orders. Physician response to GDR and/or documentation requests will be tracked and discussed during monthly Behavior Management meeting.	1/23/2017

This Plan of Correction is the facility's credible allegation of compliance.

1.4.17 copy to GL

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4 149	Continued From page 1 1. Resident (Res #63 triggered for medication review in Stage 2. He was a 99 year old resident, observed to be quiet and would slightly nod when greeted. The resident often had his eyes closed while sitting in his wheelchair. Medical Diagnosis included: unspecified dementia without behavioral disturbance; dysphagia; sepsis due to E.coli; muscle weakness; heart failure; chronic kidney disease; etc.. Routine Lexapro 5 mg 1 tab daily for depression was ordered. Additionally, his psychotropic medication care plan stated the resident was taking the antidepressant for the diagnosis of adjustment disorder with depression, at risk for drug related hypotension, gait disturbance, ADL decline, appetite changes, and "failed reduction 11/04/15". During a review of his clinical record, no documentation was found to show the resident's mood/target behaviors were being monitored concomitant to the Lexapro use for his depression. On 12/08/2016 at 11:46 AM, during a concurrent record review with LN #1, she stated if the resident, "is stable, if the behavior is stable, we discontinue the daily monitoring and we keep the monthly documentation." LN #1 verified there was no behavior monitoring or tracking of the resident's target behavior, such as crying, withdrawing, demonstrating or verbalizing sadness or wanting to die, etc. On 12/08/2016 at 4:21 PM, the Director of Nursing (DON) was asked how the resident's behavior related to his depression was being monitored, and what his target behavior/depressive features were. The DON said the resident has not had any negative behaviors and the Medical Director did not want to take him off the medication. The DON	4 149	4. GDR/behavior monitoring documentation deficiencies will be reported to Medical Director, Pharmacy Consultant and QAPI Committee monthly. DON/Designee	

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4 149	Continued From page 2 confirmed the consultant pharmacist performing the monthly drug regimen reviews last reviewed this resident's Lexapro use in 2015. The DON acknowledged a gradual dose reduction (GDR) has not been done and said, "Minimally, should be annually". The DON validated they are not doing the daily tracking for the use of the antidepressant. Cross-reference to findings at F428 for Res #63. 2. Res #177 was recently admitted to the facility on 11/07/16 for diagnoses including pneumonia, chronic congestive heart failure, generalized muscle weakness and long term use of antibiotics. The resident was noted to frequently vocalize wanting to go home and/or to have staff call his family members. Res #177's clinical record review found he was prescribed Remeron 7.5 mg daily for depression. A care plan for psychosocial well being due to depression was developed and noted the resident's significant family member passed away last year. The care plan also noted the resident to be hard of hearing and his current health status as contributing factors. Another care plan included the risk for complications related to the diagnosis of depression and that he was on an antidepressant. However, during an interview with the DON on 12/08/2016 at 4:37 PM, she validated that the behavior monitoring for this resident, including target behaviors related to his depression with the antidepressant use, was not being done.	4 149		
4 198	11-94.1-46(o) Pharmaceutical services (o) A pharmacist shall, on a monthly basis,	4 198		

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4 198	Continued From page 3 review the record of all residents receiving medications to determine potential adverse reactions, interactions, and contraindications. The review and any concerns identified shall be documented in the resident's record. This Statute is not met as evidenced by: Based on record reviews and staff interview, the facility did not ensure the drug regimen of each resident was reviewed at least once a month by a licensed pharmacist to ensure irregularities, or that concerns were identified and reported, including: use of a medication without identifiable evidence of adequate indications; and use of medication without evidence of adequate monitoring for 2 of 30 residents (Res #63 and 37) in the Stage 2 sample. Findings include: 1. Cross-reference to findings at F329. For Res #63, the DON and consultant pharmacist validated the resident's last gradual dose reduction or GDR attempt for Lexapro (used for his depression) was last done in November 2015. They acknowledged the GDR should have been done at least annually and it was not. In addition there was a failure to monitor the resident's response to any psychopharmacological medication, to evaluate whether there is a continued medical necessity. Often the only way to know whether a medication is needed indefinitely and whether the dose remains appropriate is to attempt a GDR and to monitor the resident for either an improvement, stabilization, or decline, which the facility failed to do. 2. Cross reference to findings in F329. For Res	4 198	1. Pharmacy Consultant completed psychoactive medication review with recommendations for GDR sent to physicians for residents #63 and #37. Target behaviors identified and behavior monitoring initiated for residents #63 and #37. Resident #177 was discharged. 2. Review of all residents receiving psychoactive medications complete. Recommendations for GDR/adjustment sent to physicians as required. Target behaviors identified and behavior monitoring initiated for all residents receiving psychoactive medications. 3. Future GDRs will be scheduled for all residents receiving psychoactive medications and/or upon admission/ new order quarterly x2 in first year and annually as required. Target behaviors to be identified and behavior monitoring initiated upon admission/with new orders. Physician response to GDR and/or documentation requests will be tracked and discussed during monthly Behavior Management meeting. 4. GDR/behavior monitoring documentation deficiencies will be reported to Medical Director, Pharmacy Consultant and QAPI Committee monthly. DON/Designee	1/23/2017

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4 198	Continued From page 4 #37, the DON, consultant pharmacist, and a psychoactive drug utilization summary validated that Res #37's gradual dose reduction (GDR) attempt for Nortriptyline was not done since readmission on 2/21/2013. Res #37 was on Nortriptyline for a depressive disorder. They acknowledged the GDR should have been done at least annually and it was not. Policy and Procedures were provided by the facility on 12/18/2016. On page 12-51 under definitions, fourth paragraph, it states "Gradual Dose Reduction (GDR)" is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued".	4 198		
4 203	11-94.1-53(a) Infection control (a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste. This Statute is not met as evidenced by: Based on observation, policy and procedure review, and interviews, the facility did not implement the policies and procedures for handwashing to control and or prevent the spread of infectious diseases, or distribute and serve food in accordance with professional standards for food service safety. Findings include:	4 203	2. Facility staff immediately notified of hand-hygiene breech and correct procedure. 3. Hand hygiene retraining with emphasis on environmental surfaces and dining service provided for all staff. 4. Conduct random observations weekly x 4, then monthly x 3 and report findings to QAPI Committee. DON/Designee	1/23/2017

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4 203	Continued From page 5 On 12/06/2016 at 12:15 PM, during observation of dining service, several staff members were serving trays without hand sanitization. First observation made was a staff who passed, prepped a tray, and then touched resident on shoulder gently before moving on. Staff then disposed covers from tray prep. This staff then grabbed another tray from cart and prepped tray for different resident and got shoyou for this resident. At no time did this staff member sanitize or wash hands. Second staff was passing fluids on a juice cart. Four residents sit at the table. As the staff with juice cart went around the table, staff was noted to touch residents and pass fluids without any hand sanitization. Third staff noted to enter dining area transported resident with a wheelchair (hands on wheelchair). After securing seat at the table for resident, the staff member went to obtain and deliver tray without hand sanitization. On 12/06/2016 at 12:30 PM, LN#1 was appraised of observed of lack of hand sanitization. LN#1 verbalized understanding. On 12/08/2016 at 12:15 PM, observation of dining area revealed staff members using hand sanitization or hand washing between passing of trays. Received facilities hand out regarding CDC Hand Hygiene & Guidelines on 12/09/2016. According to guidelines, "indications for hand hygiene" stated that hand hygiene should occur after contact with environmental surfaces in the immediate vicinity of patients.	4 203		