

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2016
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NAME OF PROVIDER OR SUPPLIER HILO MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WAIANUENUE AVENUE HILO, HI 96720
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4 000	11-94.1 Initial Comments A relicensure was conducted from 10/18/16 through 10/21/16.	4 000	<p>“This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Hilo Medical Center- does not admit that the deficiencies listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.”</p> <p>4 136 11-94. 1-30 Resident Care</p> <p>Identifying other residents having the potential to be affected, and what corrective action will be taken The MDS Nurse and MSW reviewed all care plans and behavior monitoring flow sheets, both were updated with specific behaviors to monitor including signs and symptoms of side effects if needed. The monthly Gradual Dose Reduction Committee will also review all Resident’s on medications in these categories to</p>	
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> <ul style="list-style-type: none"> (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. <p>This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the facility did not ensure each resident's drug regimen was free from unnecessary drugs for one of 5 resident's medications reviewed.</p> <p>Findings include:</p>	4 136		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jimmy Lee Pitcher

TITLE
Administrator

(X6) DATE
11/21/2016

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4 136	Continued From page 1	4 136	<p>assure care plans and monitors are in place. Resident Care Plans were reviewed.</p> <p>Measures and systemic changes to prevent recurrence; Education was provided to Licensed Nurses and C.N.A's regarding the monitoring sheets and care plan process by MDS Nurse. Re- education regarding care plans was conducted by Director of Nursing Services.</p> <p>Monitoring Corrective Action for sustained corrections; The MSW and MDS Nurse will provide a monthly audit and report at the QAPI meeting to assure on going compliance is met.</p>	11/7/16
4 145	11-94.1-38(a) Activities	4 145		

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4 145	<p>Continued From page 2</p> <p>(a) The facility must provide for an ongoing program of age-appropriate activities designed to meet the interests, physical, mental, and psychosocial well-being of each resident.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and interview with staff, the facility did not provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interest and the physical, mental and psychosocial well-being of 2 residents</p>	4 145	<p>4145 11-94.1-38(a) Activities</p> <p>Identifying other residents having the potential to be affected, and what corrective action will be taken All Residents have had their Activity Program care plans updated to include their personal interests with goals and activities to address their physical, mental and psychosocial well-being.</p> <p>Measures and systemic changes to prevent recurrence; Activity staff and Nursing staff re-educated on the importance of Activity program and care plans associated with the needs of each Resident. New care plans will be flagged during shift to shift report to assure compliance.</p>	11/7/16
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4 145	Continued From page 3	4 145	<p>Monitoring Corrective Action for sustained corrections;</p> <p>Activity attendance logs will be reviewed weekly by Activity Director and brought as a report to monthly QAPI to allow for tracking and will be monitored by Administrator for compliance.</p>	11/7/16
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4 145	Continued From page 4	4 145		
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4 145	Continued From page 5	4 145		
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>	4 159	<p>4 159 11-94. 1-41 (a) Storage and handling of food:</p> <p>Corrective actions for residents affected:</p> <p>Staff member in this incidence was immediately made aware of improper practice. Reminded of requirement to hand sanitize or hand wash between serving Residents their trays.</p> <p>Identifying other residents having the potential to be affected, and what corrective action will be taken</p> <p>Staff was gathered into an immediate huddle and re- training reflective of proper hand sanitizing and hand washing</p>	11/7/16

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4 159	Continued From page 6 This Statute is not met as evidenced by: Based on observation and interview with staff the facility did not distribute and serve food under sanitary conditions. Findings include: Observation on 10/20/2016 7:30 A.M., staff serving food with cart that contained two trays. Staff served one resident and prepped tray for resident. Staff member went to serve other resident and prep tray. While prepping second tray, staff adjusted optical glasses while opening sugar and serving resident. No hand washing or sanitization was done between serving two residents. Interview on 10/21/16, interview with Administration and staff, the above situation was discussed with Administrator and was acknowledged. In summary, the facility failed to ensure that staff did proper hand washing or sanitization and serve food under sanitary conditions.	4 159	during tray and meal pass was completed by Unit Manager on 10/20/16. Measures and systemic changes to prevent recurrence; Focus rounds at meals will be increased and continue to include the need for hand washing or hand sanitizing between and after touching any Resident Meal tray or food during meal service. Monitoring Corrective Action for sustained corrections; Hand washing scoring will be reported at the QAPI monthly meetings by Infection Control Nurse and audit summary from Focus Rounds. Monitored for compliance and improvement by the Director of Nursing Services and Administrator.	11/7/16
4 174	11-94.1-43(b) Interdisciplinary care process (b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and resident/family education. This Statute is not met as evidenced by: Based on observations, record reviews and	4 174	4 174 11-94.1-43(b) Interdisciplinary care process:	

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4 174	Continued From page 7 interviews with staff, the facility failed to develop a comprehensive care plan that includes measurable objectives and timetables to meet a resident's highest, nursing and mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 30 in Stage 2 survey Findings include:	4 174	<p>Identifying other residents having the potential to be affected, and what corrective action will be taken All Residents care plans have been reviewed to assure that they include measureable objectives, to monitor and address side effects of medication being taken.</p> <p>Measures and systemic changes to prevent recurrence; The Inter Disciplinary Team has been re-educated by the Director of Nursing Services regarding the importance of comprehensive care plans including the monitoring of side effects, and addressing measureable objectives.</p> <p>Monitoring Corrective Action for sustained corrections; Care plan objectives and compliance by Inter-disciplinary team will be reported monthly by MDS nurse to QAPI meeting to be monitored by Director of Nursing Services to assure ongoing compliance.</p>	11/7/16
4 175	11-94.1-43(c) Interdisciplinary care process (c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any 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 record reviews and interviews with staff, the facility failed to develop a comprehensive care plan that includes the	4 175	<p>4 175 11-94. 1-43(c) Interdisciplinary care process:</p>	

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4 175	Continued From page 8 resident's needs, and, to the extent practicable, the participation of the resident; and periodically reviewed and revised by the team of qualified persons for 1 of 30 residents Findings include:	4 175	<p>Identifying other residents having the potential to be affected, and what corrective action will be taken All Residents will continue to be invited to care plan meetings with the inter-disciplinary team with Family and Resident participation to the extent practicable. Care plans for all Residents have been updated.</p> <p>Measures and systemic changes to prevent recurrence; The Director of Nursing Services re-educated the inter-disciplinary team on the process of care planning and the MDS requirements for comprehensive care planning.</p> <p>Monitoring Corrective Action for sustained corrections;</p>	11/7/16
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4 175	Continued From page 9	4 175		
4 243	<p>11-94.1-64(a) Engineering and maintenance</p> <p>(a) The facility shall maintain all essential mechanical, electrical, and resident care equipment in safe operating condition.</p> <p>This Statute is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain a safe, comfortable environment for the staff.</p> <p>Findings include:</p> <p>Interview with 3 kitchen staff members on the morning of 10/20/16 at approximately 8:55 A.M. revealed they have been suffering in the heat while the dishwashing machine was in use. The staff members stated they were propping the kitchen door open to allow the heat to escape but have since been instructed to keep the door shut because the hot air was traveling down the hall to the Pharmacy (affecting the efficacy of stored medications). One kitchen staff member stated, "It feels like 200 degrees."</p> <p>The Food Service Manager placed a thermometer in the dishwashing area at approximately 8:58 A.M. After approximately 20 minutes, the thermometer read 109 degrees fahrenheit. The dishwashing area felt uncomfortable to the Surveyor as she walked around the area. The dishwashing staff was sweaty and all 3 expressed their discomfort.</p>	4 243	<p>4 243 11-94. 1-64 (a) Engineering and maintenance:</p> <p>The 3 dishwashers in the area were reminded of the requirement for them to take the 3 mandated breaks during each of their shifts and to allow for their proper hydration.</p> <p>Identifying other residents having the potential to be affected, and what corrective action will be taken: Dietary Services Manager has re-educated kitchen helpers regarding hydration and taking the mandated breaks in order to assure the safety and comfort of staff.</p>	11/7/16

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4 243	<p>Continued From page 10</p> <p>An interview of the Food Service Manager on the morning of 10/20/16 at approximately 9:00 A.M. revealed the exhaust fan above the dishwashing machine was recently repaired. The exhaust fan was "supposedly" repaired on 9/26/16. The Food Service Manager stated he was not trained in machine repair and therefore was unable to ascertain whether or not the repair was done. However, he confirmed that while the dish machine is on, the kitchen feels unbearably hot. The Food Service Manager was able to provide written communication between facility departments of the fan repair which confirmed the repair was completed on 9/26/16.</p> <p>An interview of the Superintendent of Maintenance on the morning of 10/20/16 at approximately 10:40 A.M. revealed the exhaust fan from the dishwasher "used to be an issue". He confirmed the exhaust fan was repaired on 9/26/16. The Superintendent reported that the heat in the kitchen may be twofold. One issue was that the kitchen was built many years before and it was not air conditioned. Secondly, the Superintendent thinks that maybe the dishwashing machine temperature was set too high. He stated that the dishwashing machine may be set at 200 degrees which is unnecessary and too high. He stated that he would go over to the kitchen to check on the temperature setting. The dishwashing machine being at a lower temperature would provide some relief to the staff. Of note, the Superintendent noted that the facility would be making complete renovations to the kitchen in the future. The plans are being reconfigured and a Contractor has already been secured. The renovation will include air conditioning in the kitchen.</p> <p>In summary, the facility failed to maintain a safe,</p>	4 243	<p>Measures and systemic changes to prevent recurrence; The doors adjacent to the dish room area are to be kept open at all times when the dishwasher is running. The Maintenance department will test the exhaust fans to validate for pressure relations and preparation for a scope of work for a Mechanical Engineer to review the environment is underway. Low Volume, energy efficient dishwashing machinery is being reviewed currently for scope of project in the Dietary Department.</p> <p>Monitoring Corrective Action for sustained corrections: Maintenance Department and Dietary Services Manager will work to alleviate the heat concern of staff by addressing the ventilation, fans and equipment. Dietary Manager will be rounding, daily with kitchen staff to assure safety. Reviewed at QAPI.</p>	11/7/16
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4 243	Continued From page 11 functional, comfortable environment for the staff in the kitchen.	4 243		11/7/16
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