

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2016
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NAME OF PROVIDER OR SUPPLIER ISLAND NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 ALEXANDER STREET HONOLULU, HI 96826
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4 000	11-94.1 Initial Comments A state relicensing survey was conducted at this facility from 11/28 - 11/30/16 . At the time of entrance to the facility the resident census was 39.	4 000		
4 105	11-94.1-22(g) Medical record system (g) All entries in a resident's record shall be: (1) Accurate and complete; (2) Legible and typed or written in black or blue ink; (3) Dated; (4) Authenticated by signature and title of the individual making the entry; and (5) Written completely without the use of abbreviations except for those abbreviations approved by a medical consultant or the medical doctor. This Statute is not met as evidenced by: Based on observation, record review and interview the facility failed to accurately encode a residents assessment for one resident in the Stage 2 sample of 26. Finding includes:	4 105	11-94. 1-22(g) Medical Record System 2. Identification of Other Resident Having the Potential of Being Affected: All residents' MDS with functional decline or impairment will be reviewed, to ensure that all those MDS are correctly coded and accurately reflect the resident's actual status on and after admission. 3. Corrective Action/Systemic Changes: All completed MDS will be thoroughly reviewed and double checked by the MDS Coordinator, with the DON or the designee, to ensure accurate coding before transmission. 4. Monitoring of Corrective Actions to Ensure No Recurrence: The DON or the designee, will continuously monitor the results of the reviewed MDS, to ensure that no MDS are coded inaccurately. The results will be recorded and will be reported to the quarterly QA meeting. Necessary actions will be implemented, as needed.	01/09/2017 01/09/2017 Ongoing

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alana M. [Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12/21/2016</i>
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4 105	Continued From page 1	4 105		
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; 	4 136	<p>11-94. 1-30 Resident Care</p> <p>2. <u>Identification of Other Residents Having the Potential of Being Affected:</u> The DON or the designee, with the MDS Coordinator, will review all residents' records, to identify those residents who are at risk for falls, and to develop comprehensive, individualized, appropriate care plans and interventions for each resident.</p>	<p>12/01/2016</p> <p>01/09/2017</p>

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4 136	<p>Continued From page 2</p> <p>(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 record review, observation, and interviews the facility failed to ensure that the resident environment remained free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents for one resident record reviewed in the Stage 2 investigation.</p> <p>Findings include:</p>	4 136	<p>11-94. 1-30 Resident Care (Contd.) 3. Corrective Action/Systemic Changes: The DON, or the designee with the MDS Coordinator will review the records of all residents who are fall-risk, to ensure that each of these residents have comprehensive, individualized, appropriate, fall care plans, and that these care plans are consistently updated, reflecting all the implemented interventions necessary. The ID team, along with the MDS Coordinator, with the Charge Nurse and a CNA, will meet each time there is a fall incident, in order to evaluate the effectiveness of the existing care plan interventions, and update the care plans for the needed changes. The DON or the designee, will continuously monitor the staff, to ensure that the interventions stated in the care plans are implemented properly.</p> <p>4. Monitoring of Corrective Actions to Ensure No Recurrence: The DON or the designee, will conduct records reviews monthly, and as needed, to ensure no recurrence of this deficient practice. The staff will be monitored daily, and at random, to ensure care plan interventions are properly implemented. The results of the reviews will be documented and will be reported in a quarterly QA meeting, and necessary actions will be implemented as appropriate.</p>	<p>01/09/2017</p> <p>Ongoing</p>
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4 136	Continued From page 3	4 136		

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4 136	Continued From page 4	4 136		
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4 136	Continued From page 5	4 136		
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: Based on observation and interview the facility failed to distribute and serve food under sanitary conditions.</p> <p>Finding Includes:</p>	4 159	<p>11-94.1-41(a) Storage and Handling of Food</p> <p>1. Corrective Action for Residents in Sample: The staff involved was reminded to make sure to wash hands or use hand sanitizer between contact with residents and before touching meal trays, plates, and other eating utensils during meals.</p> <p>2. Identification of Other Residents Having the Potential of Being Affected: An all staff meeting was conducted to discuss the infection control violations that occurred during mealtimes and an Infection Control review in-service was also conducted to review, with all the staff, infection control guidelines, including the importance of handwashing, to prevent the spread of infections.</p> <p>3. Corrective Action/Systemic Changes: An all staff in-service on infection control will be conducted every three (3) months, to review proper infection control guidelines, including infection control practices during mealtimes, and the importance of handwashing, or the use of hand sanitizer, when assisting residents during meals.</p>	<p>12/01/2016</p> <p>12/05/2016</p> <p>12/05/2016</p> <p>Ongoing</p>

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4 159	Continued From page 6	4 159	<p>11-94. 1-41(a) Storage and Handling of Food (Contd.)</p> <p>4. <u>Monitoring of Corrective Actions to Ensure No Recurrence:</u></p> <p>The DON and the Dietary Manager, or their designees will be monitoring the staff daily, and at random, during mealtimes, to ensure no recurrence of this deficient practice. The results of the monitoring will be documented and reported at the quarterly QA meeting, and necessary interventions will be implemented as needed.</p>	Ongoing
4 203	<p>11-94.1-53(a) Infection control</p> <p>(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.</p> <p>This Statute is not met as evidenced by: Based on observations, staff interviews, and product review, the facility did not maintain an infection control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of disease and infection.</p> <p>Findings include:</p> <p>1) Staff interview with 2 certified nurse aides on</p>	4 203	<p>11-94. 1-53(a) Infection Control</p> <p>1. <u>Corrective Action for Resident in Sample:</u></p> <p>An all staff meeting was conducted where all staff were informed of the ten (10) minute contact time specified in the manufacturer's instructions for the Fresh Plus Disinfectant Spray in order to properly disinfect and decontaminate the shower chairs.</p> <p>The staff involved was also reminded to make sure apron and mask are removed before leaving the room, to attend to another resident, as an infection control.</p>	12/05/2016

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4 203	<p>Continued From page 7</p> <p>11/29/16 at 7:23 A.M. regarding disinfection of shower chairs after each resident use. Staff reported that they disinfect the shower chairs before and after each resident use. They demonstrated the use of a spray bottle of Fresh Plus and indicated spraying the entire shower chair, from top to bottom with the disinfectant. Staff stated that they wait "awhile" before wiping the shower chair with paper towels, then air dry before using again. Asked staff how long is "awhile" and they were unable to give a time frame. There were no directions for use on the disinfectant bottle.</p> <p>Interview with a housekeeper on 11/29/2016 at 8:06 A.M. revealed that she will disinfect shower chairs daily and uses Fresh Plus to disinfect the chairs. She will initially rinse off the chair with water and manually remove any soiled particles, then spray the disinfectant over the entire shower chair. The shower chair is rinsed with water after 10 minutes contact time, and then dried with a clean cloth.</p> <p>Concurrent review of the Fresh Plus product directions for use was done with the Director of Nursing (DON) on 11/29/16 at 11:30 A.M. "Special instructions for cleaning and decontaminating against HCV, HBV, and HIV-1 on surfaces/objects soiled with blood/body fluids: Cleaning Procedure: Blood and other body fluids must be thoroughly cleaned from surfaces and objects before application of this product. Contact time: leave surfaces wet for 3 seconds for HIV-1 and 10 minutes for HCV and HBV". According to the DON, the facility uses this product for all general housekeeping disinfection such as tables, floors, counter tops, shower chairs, other equipment, etc. The DON stated that contact time for the</p>	4 203	<p>11-94.1-53(a) Infection Control (Contd.)</p> <p>2. Identification of Other Resident Having the Potential of Being Affected: An all staff meeting and Infection Control in-service was conducted, to review proper infection control practices and guidelines on the floors while giving care. Staff was also reminded to make sure to know and follow the manufacturer's instructions on the use of any disinfectants or chemicals, to prevent or minimize infections in the facility. Staff was also reminded to make sure to remove masks, aprons, gloves and other personal protective equipment (PPE) worn in one resident's room, before going to another resident's room, as part of infection control practices.</p> <p>3. Corrective Action/Systemic Changes: An infection control in-service to all staff will be conducted every three (3) months, to review proper infection control guidelines, including proper knowledge of disinfectants used in the facility to prevent infections, infection control practices while providing care to residents on the floors, the proper use of PPEs, when to wear and when to remove them, and the importance of handwashing and use of hand sanitizer during resident contact, including during mealtimes.</p> <p>The DON and the Dietary Manager or their designees, will be monitoring the staff daily, and at random, to ensure proper infection control practices are being implemented.</p>	<p>12/05/2016</p> <p>12/05/2016 Ongoing</p>
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4 203	<p>Continued From page 8</p> <p>disinfectant should be 10 minutes according to the product information.</p> <p>The facility did not ensure staff consistently disinfected shower chairs according to the directions for use of the disinfectant Fresh Plus.</p> <p>2) On 11/28/2016 at 0758 A.M. Clinical nurses aide (CNA) observed walking in hall with disposable shield gown and mask. On 11/28/16 at 1400, CNA came out of room to answer a call light wearing a disposable gown and mask. Charge nurse (CN) was asked where the CNA was going. The CN stated that they were cleaning up another patient and was going to answer the call light because it rang. Talked to CN regarding cross contamination from one room to another without removal of disposable gown and mask. CN acknowledged that this was not the proper practice for infection control and answering the call light.</p>	4 203	<p>11-94.1-53(a) Infection Control (Contd.)</p> <p>4. <u>Monitoring of Corrective Actions to Ensure No Recurrence:</u></p> <p>The DON and the Dietary Manager or their designees will be monitoring the staff daily, and at random, during mealtimes, during the delivery of care on the floors, when staff is assisting residents on the floors, to ensure staff is implementing proper infection control practices, to avoid recurrence of this deficient practice.</p> <p>The observations will be documented and will be reported at the quarterly QA meeting. Appropriate actions will be implemented as necessary and recorded.</p>	Ongoing
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