

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2016
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RECEIVED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE CARE CENTER OF HONOLULU

1900 BACHELOT STREET
HONOLULU, HI 96817

2016 NOV 23 P 2:24

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4 000 11-94.1 Initial Comments

A State Re-licensing survey was conducted by the Hawaii State Agency from 10/18/2016 through 10/21/2016. A complaint investigation was also conducted during the survey. The issues identified by the complainant focused on quality of care issues. Based on the complaint investigation, the facility was found to be in substantial compliance. The census of 160 residents was noted at the time of entrance.

4 000

4 115 11-94.1-27(4) Resident rights and facility practices

Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:

(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;

This Statute is not met as evidenced by: Based on resident and family interview the facility failed to promote care for residents in a dignified manner that maintains or enhances each resident's dignity and respect. Staff members speak to each other in a language other than English while caring for residents in the facility.

Findings include:

4 115

Please refer to the plan of correction for F 241 on Form CMS-2567.

11-21-16

Office of Health Care Assurance

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

TITLE

(X6) DATE

by *Kenn R. Loggans* ADMINISTRATOR

11-23-16

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4 115	Continued From page 1	4 115		
4 128	<p>11-94.1-28(b) Resident accounts</p> <p>(b) Upon request of each resident or legal guardian or surrogate, articles kept for safekeeping shall be released.</p> <p>This Statute is not met as evidenced by: Based on resident and staff interviews the facility failed to ensure that residents have access to their funds upon request any articles kept for safekeeping.</p> <p>Findings include:</p>	4 128	<p>Please refer to the plan of correction for F 159 on Form CMS-2567.</p>	11-21-16

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4 128	Continued From page 2 On 10/20/2016 at 1:31 PM interviewed the Patient Account Representative (PAR), about residents access to funds on weekends. According to the PAR, residents need to ask for their funds by Friday because the business office is closed on weekends. Queried PAR on how residents could get money if a resident had an unexpected visitor(s) or occasion on the weekend and needed money for a gift and/or purchase. The PAR stated that residents would have to wait until Monday or ask for money by Friday, and if either day is a holiday would have to wait until the next business day.	4 128		
4 148	11-94.1-39(a) Nursing services (a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the residents. There shall be at least one registered nurse at work full-time on the day shift, for eight consecutive hours, seven days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department. This Statute is not met as evidenced by: Based on observations, interviews, and record review the facility failed to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care for 2 of the 27 in the Stage 2 investigation. Findings include:	4 148	Please refer to the plan of correction for F 353 on Form CMS-2567.	11-21-16

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4 148 Continued From page 3

4 148

On 10/19/2016 at 3:18 PM in an interview with Licenses Nurse (LN) # 2, when asked how staffing differed from day to evening shift, she stated, "there are 4 licensed staff all together. Evenings are the same as days. Night shift there are 3 licensed staff for the Vent Care Unit". When asked if this was sufficient staff, LN #2 stated "sometimes they call, we just do our round, usually every 2 hours, the vents are connected to the station. I have worked here almost 3 years now. If there is a float who is not trained on vent and trache care the float does just the

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4 148	<p>Continued From page 4</p> <p>medications and we do the suctioning".</p> <p>On 10/20/2016 at 7:05 AM in an interview with LN #3, when asked about staffing, she stated, "to be honest we requested at least 3 LNs. There are GT (gastrostomy tube) feedings, treatments, medications, and suctioning on nights. The usual staffing is 2 LNs and 1 RT (respiratory therapist). For me it is really not enough. We requested at least 3 LN and 1 RT but were told the reason is we have the least medications (to pass) but we still have the 35 vents. It is hard. I work permanent nights".</p> <p>On 10/20/2016 at 7:10 AM in an interview with LN #4, when asked about staffing, she stated "since the beginning of the year, we have 2 LNs and 1 RT. With 3 LN it was enough, having the RT changed the routine. With 35 beds the 2 LN have about 17-18 residents per LN, with 3 LNs it is less at about 12 (residents per LN). The RT cannot do the treatments for skin, dressing changes, ointment, and no medications. "They do the respiratory, updrafts and and chart on that. They (RT) cannot do feedings, some have continuous and some are bolus. The LN has to do the routine irrigations for the Foley cath or change the foleys and the charting. We try to adjust."</p> <p>On 10/20/2016 at 9:50 AM in an interview with the Program Manager (PM) #1 regarding staffing on the VCU floor, she stated there are currently 35 vent and trache residents on the VCU floor. Of the 35 there are 22 on ventilators and the other 13 have traches. The bed capacity is 36, a mix of ventilator and trache residents. When the RT is off the staffing is 3 LN. The PM stated "I can see where the ratio of nurses to residents is more heavy when there is an RT and LNs staffed. The LN is cross trained to do ventilator and trache</p>	4 148		

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4 148	<p>Continued From page 5</p> <p>care whereas the RT can only do RT care.</p> <p>On 10/21/2016 at 6:32 AM in an interview with LN #5 regarding staffing on the VCU, she stated, "mostly we are really busy, it is kind of hard especially if there are 2 LNs and 1 RT. The RT does suctioning if the RT is in the front doing suctioning we won't call the RT anymore we will do the suction.</p> <p>On 10/21/2016 in the morning spoke with the DON regarding patient statements and staffing. Per the DON a consultant was hired to look at staffing and recommended the 2 LNs and 1 RT for night shift. A study was done to look at the treatments provided on nights and medications. Residents on the VCU were interviewed, those who could speak were asked about care and the current staffing matrix was implemented.</p>	4 148		
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 observations and staff interviews the facility failed to ensure that staff followed proper</p>	4 159	Please refer to the plan of correction for F 371 on Form CMS-2567.	11-21-16

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4 159	<p>Continued From page 6</p> <p>sanitation and food handling practices to prevent the outbreak of foodborne illness.</p> <p>Finding include:</p> <p>On 10/18/2016 at 9:00 AM, during the initial kitchen tour an observation of an opened bottle of Smuckers strawberry jam was found on the pantry shelf. Printed on the bottle label was, "Refrigerate after opening." The interim dietary manager didn't know why the opened bottle of jam was on the pantry shelf and not refrigerated. Also, there were seven loaves of white bread with "use by date of 10/09/2016." The interim dietary manager immediately removed those loaves of bread and stated the bread would be cut-up and used in other cooked dishes.</p> <p>On 10/18/2016 at 12:04 PM a lunch observation was conducted as lunch was being served on the facility's unit 3. Extra staff members were deployed to unit 3 to help pass lunch trays to residents dining in their rooms. Many did not sanitize their hands before going to the food cart to grab lunch trays and then from room to room delivering and setting up lunch trays without washing or sanitizing hands between residents. One of the staff members delivered a lunch tray for the resident in room 201, came out of the room with an 8 ounce milk carton, and placed it back into a cooler in the food cart. Queried LN#1 about hand sanitizing, as she also was assisting with the lunch trays, and she stated that the staff helping with the lunch trays forgot to sanitize their hands.</p>	4 159		
4 173	<p>11-94.1-43(a) Interdisciplinary care process</p> <p>(a) A comprehensive assessment shall be</p>	4 173		

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4 173	<p>Continued From page 7</p> <p>completed for each resident by an interdisciplinary team at least annually and updated as appropriate, based on the resident's condition.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews, and record review the facility failed to revise the care plan for one resident in the Stage 2 sample of 27.</p> <p>Findings include:</p>	4 173	Please refer to the plan of correction for F 280 on Form CMS-2567.	11-21-16

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4 173	Continued From page 8	4 173		
4 177	<p>11-94.1-44(a) Specialized rehabilitation services</p> <p>(a) The facility shall provide for specialized and supportive rehabilitation services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each resident, either directly by qualified staff or through arrangements with qualified outside resources. Services shall be programmed to:</p> <p>(1) Preserve and improve the resident's maximal abilities for independent function;</p> <p>(2) Prevent, insofar as possible, irreversible or progressive disabilities; and</p> <p>(3) Provide for the procurement and maintenance of assistive devices as needed by the resident to adapt and function within the resident's environment.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews, and record review the facility failed to provide the appropriate</p>	4 177	Please refer to the plan of correction for F 311 on Form CMS-2567.	11-21-16

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4 177	Continued From page 9 treatment and services to maintain or improve a resident's abilities for one resident in the Stage 2 sample of 27. Findings include: Cross reference to F280.	4 177		

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4 177	Continued From page 10	4 177		
4 203	11-94.1-53(a) Infection control	4 203		

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4 203	Continued From page 12 washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections".	4 203		