

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/02/2016
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NAME OF PROVIDER OR SUPPLIER ALOHA NURSING & REHAB CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 45-545 KAMEHAMEHA HIGHWAY KANEHOHE, HI 96744
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4 000	11-94.1 Initial Comments A re-licensing survey was conducted from 11/29-12/02/2016. At the entrance conference the facility had a census of 116 residents. A standard survey was completed with no substandard quality of care issues.	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 observations and staff interview, the facility failed to promote the rights of a resident to a dignified existence Findings include:	4 115	<p><u>4 115 Resident rights and facility practices</u></p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Addressed staff involved in the incident on 12/30/16 and provided training on dignity and resident rights. 12/30/16</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All resident who requires assistance with eating are at risk. Education completed during staff meeting on 12/30/16 regarding resident rights and dignity. 12/30/16</p> <p>What measure will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>Dignity and Resident Rights in-service to be conducted annually in addition to current online annual education course on Dignity and Resident Rights. New employee orientation will be revised to improve content on Dignity and Resident Rights by 1/13/17. 01/13/17</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>Random audits of staff to be conducted by Nursing Management or designee to ensure residents are treated with dignity and respect during meal times. 01/13/17</p>	

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Darrin Schadel <i>Darrin Schadel</i>	TITLE Administrator	(X6) DATE 01/09/2017
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4 115	Continued From page 1	4 115		
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 observations, record reviews, and staff interviews, the facility failed to ensure that policies and procedures were implemented to address a resident's care needs for skin care and prevention of skin breakdown; and fall prevention.</p> <p>Findings include:</p>	4 136	<p>4 136 Resident care: Skin Care and Prevention</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>12/02/16</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice does not recur?</p> <p>01/13/17</p> <p>The facility will audit all care plans of resident at risk of pressure ulcers and ensure appropriate interventions are in place by 1/13/17.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the identified deficient practice does not recur?</p> <p>01/13/17</p> <p>Pressure ulcer care plans will be reviewed and updated during weekly wound rounds for appropriate intervention.</p> <p>In-service training will also be conducted by Wound Specialist or designee on all new and updated treatment interventions.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur: what quality assurance program will be put into place?</p> <p>01/13/17</p> <p>Random audits on pressure ulcer care plans will be conducted by Nursing Management or designee to ensure treatment interventions are being followed.</p>	

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4 136	Continued From page 2	4 136		

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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	<p>4 136 Resident care: Fall Prevention How will you identify other residents having the potential to be affected by the same deficient practice does not recur?</p> <p>The facility will audit all care plans of resident at risk and ensure appropriate interventions are in place by 1/13/17.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the identified deficient practice does not recur?</p> <p>The facility will audit all Care Plans for fall prevention. Care plans will be updated as needed. If identified that a resident requires specialized prevention, the care required will be documented in the electronic records by 1/13/17.</p>	<p>01/13/17</p> <p>01/13/17</p>

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4 136	Continued From page 6	4 136	<p>4 136 Resident care: Fall Prevention (Cont.)</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur: what quality assurance program will be put into place?</p> <p>Random audits of care plans will be conducted by Nursing Management or designee of residents who are identified at risk.</p> <p>01/13/17</p> <p>4 136 Resident care</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice does not recur?</p> <p>Clinical records and medical administration records for all residents on PRN pain medications were reviewed for effectiveness by 1/6/17.</p> <p>01/06/17</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the identified deficient practice does not recur?</p> <p>The facility will review and revise pain management protocol to include effective identification of treatment for pain management.</p> <p>01/13/17</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur: what quality assurance program will be put into place?</p> <p>The QAPI Committee will review the facility Pain Quality Measure Report monthly and Nursing Management or designee will conduct random audits to ensure pain management protocol is effective and adjust as indicated.</p> <p>01/13/17</p>	

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4 136	Continued From page 7	4 136	<p>4 159 Storage and handling of food</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Findings 1) Upon identification of the undated opened items, the Food and Nutritional Services Supervisor immediately discarded the items. The Food and Nutritional Services team were in-serviced immediately and educated on the importance of dating all food items.</p> <p>Findings 2) Individual was counseled and educated on 11/30/2016 regarding the significance and importance of hand washing between resident contacts during meal service to prevent cross contamination. Individual will complete Relias Learning on line education on hand washing by 1/13/17.</p>	12/02/16 01/13/17
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 store or serve food under sanitary conditions.</p> <p>Findings include;</p> <p>1) During the initial tour of the kitchen on the morning of 11/29/2016, food items in three of the</p>	4 159	<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Findings 1) All food items were checked to ensure they were properly labeled.</p> <p>Findings 2) All resident who requires assistance or are at risk and will be monitored during all meals. Staff education completed during meeting on 12/30/16 regarding hand hygiene during meal service.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the identified deficient practice does not recur?</p> <p>Findings 1) The Food and Nutritional Services Department has identified and is implementing an electronic labeling system in order to increase labeling efficiency. Team members are currently being trained on use of the label printer which is specifically designed for this purpose.</p> <p>Findings 2) In-service on hand hygiene process during meal service to be conducted annually along with current Relias Learning online course on hand washing. Alcohol based sanitizer placement will also be reevaluated to ensure easy access for staff during</p>	12/02/16 12/30/16 12/28/16 01/13/17

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4 159	Continued From page 8 kitchen refrigerators were found open with no labeling to indicate dates opened. The items were: ice cream in refrigerator #1, whipping cream and passion nectar in refrigerator #2 and buttermilk ranch dressing in refrigerator #3. The kitchen manager accompanied the surveyor on the kitchen tour and validated that these food items had not been labeled when they were opened.	4 159	<p><u>4 159 Storage and handling of food (Cont.)</u></p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>Findings 1) The Food and Nutritional Services Manager will continue to educate team members on the importance of dating and labeling all stored items. The Manager will also conduct periodic visual checks to ensure the facility is in compliance.</p> <p>Findings 2) Random audits of staff to be conducted by Nursing designee during meal times to ensure compliance with facility hand-washing protocol.</p>	01/13/17
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 observation, record review and interviews, the facility failed to ensure the resident's comprehensive care plan was revised/updated for 1 of 34 residents in the survey sample.	4 175	<p><u>4 175 Interdisciplinary Care Process</u></p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p>	12/02/16
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 observation, record review and interviews, the facility failed to ensure the resident's comprehensive care plan was revised/updated for 1 of 34 residents in the survey sample.	4 175	<p>How will you identify other residents having the potential to be affected by the same deficient practice does not recur?</p> <p>The facility will audit all care plans of residents at risk of pressure ulcers and ensure appropriate interventions are in place by 1/13/17.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the identified deficient practice does not recur?</p> <p>Pressure ulcer care plans will be reviewed and updated during weekly wound rounds for appropriate intervention.</p> <p>In-service training will also be conducted by Wound Specialist or designee on all new and updated treatment interventions.</p>	01/13/17 01/13/17

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4 175	Continued From page 9 Finding includes:	4 175	<u>4 175 Interdisciplinary Care Process (Cont.)</u> How the corrective action will be monitored to ensure the deficient practice will not recur: what quality assurance program will be put into place? Random audits on pressure ulcer care plans will be conducted by Nursing Management or designee to ensure treatment interventions are being followed.	01/13/17
4 235	Cross-reference to findings at F314. 11-94.1-58(a)(4) Emergency preparedness (a) There shall be written policies and procedures to follow in an emergency that shall include provisions for the following: (4) Preparedness for all hazards to include but not be limited to: (A) Natural disasters such as tropical storm,	4 235	<u>4 235 Emergency Preparedness</u> What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The facility will follow up to identify residents of whom there is no documentation or consent form for the influenza vaccination by 1/13/17. Once identified, the facility will offer and if indicated, administer the vaccination. If not indicated, the facility will document in the electronic record the refusal or contraindication	01/13/17

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4 235	<p>Continued From page 10</p> <p>hurricane, flooding, tsunami, earthquake, and any island-specific disaster such as volcanic eruption and lava flow;</p> <p>(B) Fire;</p> <p>(C) Medical emergencies;</p> <p>(D) Terrorist threat; and</p> <p>(E) Pandemic flu.</p> <p>This Statute is not met as evidenced by: The facility failed to ensure that there were written policies and procedures to follow to document or track those residents who did not receive the influenza vaccine in the event of pandemic flu.</p> <p>Findings include:</p>	4 235	<p>4 235 Emergency Preparedness (Cont.)</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice does not recur?</p> <p>The facility will audit all current residents to identify consent form received, document and follow up with any missing or incomplete consent forms.</p> <p>01/13/17</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the identified deficient practice does not recur?</p> <p>Review and revise process for annual vaccination to include a tracking system to ensure compliance with education and documentation by 1/13/17. The facility will educate staff and update the process for the annual vaccination for influenza.</p> <p>01/13/17</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur: what quality assurance program will be put into place?</p> <p>Monthly review via the facility QAPI Committee will be conducted to ensure the facility is in compliance with the influenza and pneumococcal immunization regulation.</p> <p>01/13/17</p>	