

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/09/2016
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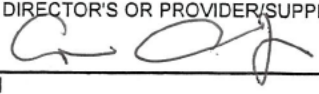
NAME OF PROVIDER OR SUPPLIER KOHALA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 54-383 HOSPITAL ROAD KAPAAU, HI 96755
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4 000	11-94.1 Initial Comments A licensure survey was conducted from 12/6/16 through 12/9/16. The census was 21.	4 000		
4 130	11-94.1-29(a) Resident abuse, neglect, and misappropriation (a) The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This Statute is not met as evidenced by: Based on review of the facility's policy and procedures, record review and interview with staff members, the facility failed to implement their policy and procedures for reporting allegations of abuse and protecting the resident during the investigation. Finding includes: Cross Reference to §11-94.1-29(b). On 12/7/16 at 1:56 P.M. the facility provided a copy of the facility's policy and procedures for abuse and neglect (Rights and Responsibilities of the Individual and Patient/Resident Abuse). The policy entitled "Rights and Responsibilities of the Individual" includes in the policy requiring mandatory reporting to the State Agency within 24 hours and to immediately take steps to protect the patient by stopping the abuse and removing the abuser. Also, the facility did not ensure the Charge Nurse	4 130	4 130 11-94. 1-29(a) Resident abuse, neglect, and misappropriation What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Re-inservice to all clinical staff regarding "SPOT" program to prevent abuse with emphasis on stopping the abuse immediately, protect the resident, ousting or removing the alleged perpetrator immediately away from the residents (and all other residents) including alleged abuse, and tell or report alleged/actual abuse directly (face to face or via telephone) to immediate supervisor &/or Chief Nurse Executive. Perpetrator of abuse will be removed off the floor and from resident care pending investigation . With the purpose of protecting all other residents from potential future abuse. Also, Administrator, State Agency, and Adult Protective Services will receive initial report of the alleged abuse no later than 24 hours of the event from the Chief Nurse Executive. The Chief Nurse Executive will provide the results of the investigation within five working days of the reported incident to State Agency and Adult Protective Services. Administrator will assure that final report is done within five working days and audit to assure that final report was sent to State Agency and Adult Protective Services. Re-inservice	

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



TITLE
Administrator

(X6) DATE
1/30/17

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4 130	Continued From page 1 on duty was able to identify the report as an allegation of abuse; therefore, the CN did not implement the policy and procedures for reporting immediately and protecting the residents.	4 130	conducted by Registered Nurse Educator by 1/3/2017. Inservice of all Department Managers on 12/13/2016 by Chief Nurse Executive. Re-inservice all supporting departments on "SPOT" program before 1/3/2017 by Registered Nurse Educator. Charge Nurse was inservice on "SPOT" program and identifying any allegations of abuse and implement the policy and procedures for reporting immediately and protecting the residents before 1/3/2017 by Registered Nurse Educator.	
4 131	11-94.1-29(b) Resident abuse, neglect, and misappropriation (b) All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source or origin, and alleged misappropriation of resident property shall be reported immediately to the administrator of the facility, and to other officials in accordance with state law through established procedures. This Statute is not met as evidenced by: Based on a review of an event report and interview with staff member, the facility failed to ensure alleged violation involving abuse was reported to the Administrator and other officials (including the State Agency and adult protective services) no later than 24 hours of the event. The facility also failed to ensure the results of all investigations are provided to the Administrator and State Agency within 5 (five) working days of the incident. The facility did not prevent further potential abuse while the investigation is in process. Findings include:	4 131	How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken. Re-inservice to all clinical staff regarding "SPOT" program to prevent abuse with emphasis on stopping the abuse immediately, protect the resident, ousting or removing the alleged perpetrator immediately away from the residents (and all other residents) including alleged abuse, and tell or report alleged/actual abuse directly (face to face or via telephone) to immediate supervisor &/or Chief Nurse Executive. Perpetrator of abuse will be removed off the floor and from resident care pending investigation. With the purpose of protecting all other residents from potential future abuse. Also, Administrator, State Agency, and Adult Protective Services will	

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4 131	Continued From page 2	4 131	<p>receive initial report of the alleged abuse no later than 24 hours of the event from the Chief Nurse Executive. The Chief Nurse Executive will provide the results of the investigation within five working days of the reported incident to State Agency and Adult Protective Services. Administrator will assure that final report is done within five working days and audit to assure that final report was sent to State Agency and Adult Protective Services. Re-inservice conducted by Registered Nurse Educator by 1/3/2017. Inservice of all Department Managers on 1 by 2/13/2016 Chief Nurse Executive. Re-inservice all supporting departments on "SPOT" program before 1/3/2017 by Registered Nurse Educator. Charge Nurse was inservice on "SPOT" program and identifying any allegations of abuse and implement the policy and procedures for reporting immediately and protecting the residents before 1/3/2017 by Registered Nurse Educator. Inservice for all Residents at January 2017 Resident Council Meeting by Chief Nurse Executive by 1/31/2017.</p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.</p> <p>Procedure for Kohala Hospital Administrator and /or designee to conduct investigation and provide the results to State Agencies and</p>	

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4 131	Continued From page 3	4 131	<p>Adult Protective Services within 5 working days of the incident. Daily operation clinical meeting will continue to include question of any actual or alleged abuse. All abuse will be reported to Administrator, State Agency, and Adult Protective Services and final report will be provided within five working days. by 12/31/2016.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur. Bi-annually inservice on "SPOT" program and policy/procedure in preventing and stopping resident abuse. Bi-annual education to resident council regarding abuse prevention and reporting will be started in January 2017.</p>	
4 138	<p>11-94.1-36(b) Admission, transfer, and discharge</p> <p>(b) These policies shall ensure that:</p> <p>(1) The facility shall not discriminate against admission of any individual as per all federal and state civil rights and anti-discrimination regulations. Should the facility not be able to provide care and services to individuals based on their age, i.e., infants and youth, or specific disability, the facility will need to indicate so in their policies and procedures and by-laws;</p> <p>(2) The facility shall accept only those residents whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts;</p> <p>(3) As changes occur in a resident's physical</p>	4 138	<p>Orientation - education of all New Employees to include "SPOT" program and policy/procedure in preventing and stopping resident abuse starting in January 2017.</p> <p>Date(s) when corrective action will be completed; By 1/31/2017 and ongoing.</p> <p>4 138 11-94.1-36(b) Admission, transfer, and discharge</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Chief Nurse Executive and Registered Nurse Educator in-serviced all Clinical Staff by</p>	1/31/2017

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4 138	<p>Continued From page 4</p> <p>or mental condition necessitating a different level of service or care that cannot be adequately provided by the facility, the residents shall be transferred promptly to a facility capable of providing an appropriate level of care;</p> <p>(4) Except in the case of an emergency, the resident or the resident's legal guardian, family, or surrogate and the attending physician shall be informed in advance of the transfer or discharge to another facility; and</p> <p>(5) The facility's buildings are constructed, equipped, and maintained to protect the resident's health, and assure the safety of residents, personnel, and visitors.</p> <p>This Statute is not met as evidenced by: Based on resident interview, staff interview, and policy review the facility failed to ensure residents were given notice before a room change and a room mate change, including the reason for the change for 2 of 21 sampled residents who were included in the Stage 2 review.</p> <p>Finding includes:</p>	4 138	<p>1/3/2017 to provide notice to residents prior to room change and room mate change and to include reason for change. Nurse to document in the resident's chart of this notification and explanation of the change.</p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken. Inservice by Registered Nurse Educator to all clinical staff to provide notice to residents &/or Power of Attorney prior to room change and room mate change and to include reason for change. Nurse to document in the resident's chart of this notification and explanation of the change by 1/3/2017.</p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur. During daily operation meeting with the Clinical Team; Chief Nurse Executive or designated staff will monitor notification to residents for room & room mate changes and reason why starting January 2017 and ongoing for next 3 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur. Assistant Nurse Manager will check charting when there is a</p>	

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4 138	Continued From page 5	4 138	<p>room or room mate change starting January 2017 for the next 3 months.</p> <p>Date(s) when corrective action will be completed By 1/3/2017 and ongoing.</p> <p>4 159 11-94.1-41(a) 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. Registered Nurse Educator in-serviced staff member on proper hand sanitizing - alcohol based & hand washing with soap and water before and after patient contact and between tasks and procedures, in between feeding different residents and when contaminating hands by touching other surfaces or body parts i.e. face, hair etc. by 12/9/2016.</p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken. Registered Nurse Educator inservice all clinical staff regarding prevention of cross contamination during feeding residents. To sanitize with alcohol based or hand wash with soap and water before and after patient contact and in between feeding different residents and when contaminating hands by touching other surfaces or body parts i.e. face, hair etc. by 1/3/2017.</p>	1/3/2017
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>	4 159	<p>Registered Nurse Educator inservice all clinical staff regarding prevention of cross contamination during feeding residents. To sanitize with alcohol based or hand wash with soap and water before and after patient contact and in between feeding different residents and when contaminating hands by touching other surfaces or body parts i.e. face, hair etc. by 1/3/2017.</p>	

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4 159	<p>Continued From page 6</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, policy review, and interviews the facility failed to serve food in accordance with professional standards for food service safety.</p> <p>Finding includes:</p>	4 159	<p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.</p> <p>Portable hand sanitizers will be placed on food carts for each clinical staff to take with them prior to feeding a resident and when hands are contaminated by touching surfaces or body parts by 1/6/2017.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p>Charge nurse, assistant nurse managers and/or assigned staff will do random checks in dining room to assure cross contamination is not done by staff during feeding and serving food starting 1/3/2017 and ongoing for 3 months</p> <p>Date(s) when corrective action will be completed 1/3/2017 and ongoing for next 3 months.</p>	1/3/2017

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4 159	Continued From page 7 A review of the facility policy titled, "Hand Washing", noted, "2. Hands must be cared for by hand washing with soap and water or by hand antiseptics with alcohol-based handrubs, if hands are not visibly soiled: Before and after patient contact." An interview of the Director Of Nursing, DON, on the morning of 12/9/16 at approximately 11:00 A.M. revealed the staff member should have washed/sanitized her hands before feeding the resident.	4 159		
4 173	11-94.1-43(a) Interdisciplinary care process (a) A comprehensive assessment shall be completed for each resident by an interdisciplinary team at least annually and updated as appropriate, based on the resident's condition. This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to accurately code an assessment for 1 of 12 sampled residents of the 21 residents in the Stage 2 sample.	4 173	<p>4 173 11-94.1-43(a) Interdisciplinary care process</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice. RAI Coordinator completed and submitted Resident comprehensive MDS Admission assessment by 1/6/2017.</p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken. RAI Coordinator reviewed all residents who were admitted/re-admitted in the last 6 months and assured that all comprehensive admission assessment were done and submitted by 1/6/2017.</p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur. RAI Coordinator attended re-inservice on 12/13/2016 with another CAH RAI Coordinator to learn scheduling techniques and organizational skills to accomplish comprehensive admission MDS in a timely manner prior to due date.</p>	

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4 173	Continued From page 8 Finding includes:	4 173	<p>RAI Coordinator and back up RAI Coordinator will be MDS Certified by 5/1/2017.</p> <p>Weekly meeting with RAI Coordinator and Chief Nurse Executive will be done to assure timely completion of MDS assessments by 12/12/2016.</p> <p>During Daily Operation meeting with clinical team (M-F) review of all MDS due dates are discussed to assure meeting MDS assessment deadline by 12/12/2016.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur. RAI Coordinator will meet with Chief Nursing Executive on a weekly basis starting on and ongoing for the next 3 months to assure that all admission MDS are comprehensive, completed and submitted to the State prior to due date.</p> <p>Date(s) when corrective action will be completed By 12/12/2016 and ongoing for the next 3 months.</p>	12/12/2016

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4 173 Continued From page 9

4 173

4 174 11-94.1-43(b) Interdisciplinary care process

4 174

(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, medical record review and staff interviews, the facility failed to develop a dental care plan for one of 12 sampled residents in the Stage 2 sample.

Findings include:

**4 174 11-94.1-43(b)
Interdisciplinary Care
Process**

What corrective action will be accomplished for those residents found to have been affected by the deficient practice.

follow up appointment schedule for treatment by 1/6/2017.

How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.

RAI Coordinator reviewed all residents who triggered for dental and who received consultative dental recommendation for treatment and appointment scheduled by 1/31/2017.

What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.

Registered Nurse Educator will inservice all nurses on following up for dental appointment/treatment 1/3/2017.

Orientation on all New Nurse hires on follow up on dental recommendations. Skills checklist to include following up on dental recommendations by Registered Nurse Educator starting 1/3/2017 and ongoing.

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4 174	Continued From page 10	4 174	<p>How the corrective action will be monitored to ensure the deficient practice will not recur. Assistant Nurse Manager will check all dental recommendations after annual evaluation and when there is a complaint of dental problems starting 1/6/2017 and assure follow up appointment is scheduled.</p>	
4 175	<p>11-94.1-43(c) Interdisciplinary care process</p> <p>(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.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and interview with resident and staff member, the facility failed to revise a care plan for 1 of 12 sampled residents.</p> <p>Findings include:</p>	4 175	<p>Date(s) when corrective action will be completed by 1/6/2017 and ongoing.</p>	1/6/2017

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4 175	Continued From page 11	4 175	<p>4 198 11-94.1-46(o) Pharmaceutical Services</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Pharmacist conducted medication reviews by 1/16/2017.</p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>Pharmacist will review all residents assuring that medication review was done and is current by 1/16/2017.</p>	
4 198	<p>11-94.1-46(o) Pharmaceutical services</p> <p>(o) A pharmacist shall, on a monthly basis, 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.</p> <p>This Statute is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to maintain monthly medication reviews for three of five residents</p> <p>Findings include:</p>	4 198	<p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.</p> <p>RAI Coordinator will do audits quarterly at Interdisciplinary Team meetings to check that Pharmacist have completed medication review on residents that are due - starting January 2017 and ongoing.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p>RAI Coordinator will report to the quality team meeting completed Pharmacist medication reviews - starting January 2017 and ongoing</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/09/2016
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NAME OF PROVIDER OR SUPPLIER KOHALA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 54-383 HOSPITAL ROAD KAPAAU, HI 96755
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 198	Continued From page 12	4 198	<p>Date(s) when corrective action will be completed By 1/16/2017</p> <p>4 203 11-94.1-53(a) Infection Control</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Chief Nurse Executive and Registered Nurse Educator instructed CNAs (working on the morning of 12/9/2016) on proper infection prevention and control program in cleaning shower chairs & gurneys in-between resident use following manufacture's direction on the equipment cleaning wipes on 12/9/2016.</p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken. Chief Nurse Executive and Registered Nurse Educator in-serviced all Clinical staff on the proper infection prevention and control program in cleaning shower chairs & gurneys in-between resident use following manufacture's direction on the equipment cleaning wipes by 1/3/2017.</p>	1/16/2017
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:</p>	4 203	<p>Chief Nurse Executive and Registered Nurse Educator in-serviced all Clinical staff on the proper infection prevention and control program in cleaning shower chairs & gurneys in-between resident use following manufacture's direction on the equipment cleaning wipes by 1/3/2017.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AMENDED FOR	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/09/2016
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4 203	<p>Continued From page 13</p> <p>Based on observations, staff interviews and facility policy review, the facility failed to follow an infection prevention and control program.</p> <p>Findings include:</p> <p>An observation of the shower room on the morning of 12/9/16 at approximately 10:10 A.M. found the shower chairs/gurneys placed to the side of the room. Interviews with 2 (two) Certified Nurses Aides, CNAs, on the morning of 12/9/16 revealed differing responses to how they sanitized the shower chairs/gurneys between residents.</p> <p>An interview of CNA #1 on the morning of 12/9/16 at approximately 10:20 A.M. found she used the red top CaviWipes to wipe down shower chairs/gurneys after each resident's use. After wiping with the CaviWipes, she reported that she used a towel to wipe off the solution from the shower chairs/gurneys before proceeding with the next resident.</p> <p>An interview of CNA #2 on the morning of 12/9/16 at approximately 10:25 A.M. found she used the red top CaviWipes to wipe down shower chairs/gurneys after each resident's use. Following use of CaviWipes, she would then rinse and dry the surface of the shower chair/gurney before proceeding with the next resident.</p> <p>An interview of the Director of Nursing, DON, on the morning of 12/9/16 at approximately 11:00 A.M. revealed the staff were required to use the red top CaviWipes for cleaning the shower chairs/gurneys between residents. The DON further noted the CNAs were trained to allow the shower chairs/gurneys to dry (after CaviWipes) before using them for the next resident.</p>	4 203	<p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur. Orientation on all New Clinical Staff Hires on the proper infection prevention and control program in cleaning shower chairs & gurneys in-between resident use following manufacture's direction on the equipment cleaning wipes by 1/3/2017.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur. Registered Nurse Educator will perform a skills check on 100% of all CNAs and RNs on the proper infection prevention and control program in cleaning shower chairs & gurneys in-between resident use following manufacture's direction on the equipment cleaning wipes by 1/3/2017.</p> <p>Date(s) when corrective action will be completed By 1/3/2017.</p>	1/3/2017

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KOHALA HOSPITAL

**54-383 HOSPITAL ROAD
KAPAAU, HI 96755**

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4 203	<p>Continued From page 14</p> <p>On the morning of 12/9/16, a review of the facility policy titled, "Infection Control - Standard Precautions" with revision date of 6/17/14 found, "Patient Care Equipment; b) Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed, and single use items are properly discarded."</p> <p>In conclusion, the facility staff were not clear on the expectations for cleaning the shower chairs/gurneys between residents.</p>	4 203		