

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/31/2017
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NAME OF PROVIDER OR SUPPLIER PALOLO CHINESE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2459 10TH AVENUE HONOLULU, HI 96816
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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
4 000	11-94.1 Initial Comments A recertification and re-licensing survey of the facility was completed on 03/31/2017. The facility provided a census of 83 residents on the entrance date, and there were no complaints added to the survey sample.	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 observation and staff interview the facility failed to protect and promote the quality of life for one resident in the Stage 2 observation. Finding includes: On 3/30/2017 at 8:30 AM observed Resident #125 in bed with the privacy curtain drawn. Resident #125 could not be seen from the hallway. Staff #1 entered the resident's room and withdrew the privacy curtain so the resident was seen in bed from the hallway. Observed Resident #125 putting on her pants while in bed with no privacy provided. Staff #1 left the room and was immediately interviewed regarding the	4 115	1. On 04/18/2017 the Director of Rehab counseled Staff #1 and was educated that staff is to "treat the resident in manner to promote quality of life" such as privacy by drawing the privacy curtain while a resident is putting on pants. Resident #125 and family were informed of the deficiency with the above corrective action. 2. On 04/18/2017 the Director of Nursing and the Director of Rehab surveyed each shift and staff to ensure a resident's quality of life/dignity by drawing the privacy curtains to ensure a resident's dignified existence. 3. On 04/19/2017 the Director of Nursing and Rehab Manager in serviced all resident care staff and new staff on the policy and procedure on "Resident Rights" which is to, "To use privacy curtains to ensure dignity". 4. On 04/18/2017 the Director of Rehab and Director of Nursing/Designee will perform random surveys of staff to ensure that the privacy curtains are being drawn every month and will report to the Quality Improvement Committee each quarter.	04/18/17 04/18/17 04/19/17 04/18/17

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 2017 APR 26 A 11:41
 STATE OF HAWAII
 DOH OHCA MEDICARE

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

[Handwritten Signature]

TITLE

Administrative

(X8) DATE

04/24/17

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4 115	Continued From page 1 observation. Staff #1 shared, "I understand, this is a dignity issue". The facility failed to treat the resident in a manner to promote quality of life.	4 115	Continued From page 1	
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, policy reviews, and interviews the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Finding includes: 1) On 3/28/2017 at 8:07 AM a kitchen tour of the dry food pantry found the following: one plastic bin with individual serving size peanut butter cups with a used by date of 3/23/2017; one plastic bin of individual serving packets of lemon juice with a used by date of 3/23/2017; a cardboard box with jello powder bags with a used by date of 11/29/2016; a cardboard box of Krusteza blueberry muffin mixes with a use by date of 12/29/2016. An interview and observation of the expired foods was held with the Staff # 2 during the kitchen tour. Staff #2 looked at the above</p>	4 159	<p>1. On 04/13/2017 the Food Service Manager discarded the expired peanut butter cups, packets of lemon juice, Jell-O powder bags, and blueberry muffin mixes; directed staff to take and record temperatures throughout the meal service; counseled Staff #5 and #6 to sanitize/wash hands when removing and placing a new glove on; cleaned the large fan mounted on the wall; discarded the juice container with no label and date.</p> <p>2. On 04/13/2017 the Food Service Manager surveyed the kitchen and nourishment refrigerators and discarded expired and unlabeled/dated food items; monitored staff daily to ensure that temperatures were being monitored and recorded during the meal service; staff were surveyed daily that they are washing their hands when removing and placing a new glove on; evaluated all equipment to ensure that each was clean.</p> <p>3. On 04/18/2017 the Food Service Manager and the Director of Nursing in serviced the staff and new employees on the need to discard expired and unlabeled/dated food items; to monitor and record food temperatures throughout the meal service; when to wash hands especially when removing and placing a</p>	<p>04/13/17</p> <p>04/13/17</p> <p>04/18/17</p>

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4 159	<p>Continued From page 2</p> <p>named foods and acknowledged that the food items should have been discarded. Expired foods should not be used beyond the used by date for food safety.</p> <p>2) On 3/30/2017 at 11:10 PM a noon tray line food plating observation was done. The plating started at 11:10 AM and ended at 11:55 AM. Staff #2 shared the food is kept on the steam table for another 15 - 20 minutes in case a call comes from the floor for additional plates. A review of the tray line temperature log showed documentation for "Cook and Hold temperatures" already recorded for the noon meal. Staff #2 shared the "Cook" temp is when the food is in the pot, the "Hold" temp is just before plating when the food is on the steam table. Staff #2 was asked when the "Hold" temperature was taken and shared the hold temp was taken about 15 minutes before plating. There was no monitoring of food temperature during the entire plating observation. The facility policy titled, "Food Temperature" states: "Temperatures are to be recorded and taken randomly throughout the meal service". Food safety requires monitoring of the temperature while food is on the steam table.</p> <p>3) On 03/30/2017 at 11:10 AM during the noon tray line plating random Staff #5 and Staff #6 were observed. Staff #5 removed his gloves and failing to hand sanitize put on another pair of clean goves. At 11:44 AM observed random Staff #6 remove his gloves and failing to hand sanitize put on another pair of clean gloves. Staff #2 was asked the policy for hand sanitize between glove changes. Staff #2 stated the staff should hand sanitize before putting on clean gloves. The facility policy titled "Infection Control Monitoring - Personal Hygiene" states "8. Hands will be washed prior to food preparation and any activity</p>	4 159	<p>Continued From page 2</p> <p>clean. Policies and Procedures in serviced were, "Food Storage", "Food Temperatures", "Infection Control-Handwashing" and "Cleaning of Fans in Kitchen".</p> <p>4. On 04/18/2017 the Food Service Manager will survey the kitchen and nourishment refrigerators and ensure that expired and unlabeled/dated food items were discarded; staff is monitoring daily the temperatures during meal service; staff are washing their hands when removing and placing a new glove on; all equipment is clean every month and will report to the Quality Improvement Committee each quarter.</p>	04/18/17

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4 159	Continued From page 3 that contaminates the hands. E. Before putting on gloves". Staff #2 stated the sinks to wash hands are nearby, it is not a problem to hand sanitize. Hand sanitizing between glove change is an infection control practice. 4) On 3/30/2017 at 11:55 AM observed in the dishwashing area of the kitchen a large fan mounted on the wall with dark brown dust visible between the fan grill. The fan was on and blowing towards a shelf of stored clean pans. Staff #2 agreed the fan was dirty and needed to be cleaned. Dust and dirt from the fan has the potential to contaminate kitchen equipment. 5) On 3/31/2017 at 7:47 AM found in a resident nourishment refrigerator on the floor was a juice container with no label and/or date. Confirmed with Staff #2 that the container was juice for resident use and should be labled and dated. Food handling risk includes foods stored on the unit left in the refrigerator beyond safe "use by" dates.	4 159		
4 203	11-94.1-53(a) Infection control (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. This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to practice infection control prevention for one resident during the Stage 2	4 203	1. On 04/18/2017 the Director of Rehab counseled Staff #5 and educated that staff should not have placed their folder on the resident's bed; to wash their hands when touching any object that is dirty and after touching any soiled object, surface, clothing or tissue. Resident #125 and family were informed of the deficiency with the above corrective action. 2. On 04/18/2017 the Director of Nursing and the Director of Rehab surveyed each shift and staff to ensure that each was not placing such items as their folder on a resident's bed and was washing their hands when touching any object that is	04/18/17 04/18/17

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4 203	Continued From page 4 investigation. Finding includes: On 3/30/2016 at 8:30 AM observed Staff #5 walk into Res #125's room carrying a cloth personal bag and a black binder. Staff #5 placed her black binder on top of the resident's bed blankets. Staff #5 then picked up the black binder placed the binder into the cloth bag and placed the bag on the side of the resident's bed, below the bed. During the same observation period observed Res #125 sitting in a wheelchair. Staff #5 adjusted the resident's wheel chair footrest then stood and without hand sanitizing smoothed back the resident's hair and combed the resident's pony tail. Immediately after the observation when Staff #5 exited the room the observation was discussed with Staff #5. Staff #5 stated, "if an infection control risk I would not have put my folder on the bed, I wipe the folder down, I clean the binder if the resident has an infection". Later that day the observation was described to Staff #4 who agreed the folder should not have been placed on the resident's bed as an infection control practice. The facility policy titled: "Infection Control Policy & Procedure: Hand Washing" states: "1. Hands must be washed thoroughly with soap and water when touching any object that is dirty. a. Before and after resident care i. After touching any soiled object or surface, clothing or tissue." Hand hygiene procedures by staff involved in direct resident contact is an infection control prevention practice.	4 203	Continued From page 4 dirty and after touching any soiled object, surface, clothing or tissue. 3. On 04/19/2017 the Director of Nursing and Rehab Manager in serviced all resident care staff and new staff on the policy and procedure on "Standard Precautions" and "Infection Control – Handwashing". 4. On 04/18/2017 the Director of Rehab and Director of Nursing/Designee will perform random surveys of staff to ensure that the staff is not leaving their items on a resident's bed and that they are washing their hands when touching any object that is dirty and after touching any soiled object, surface, clothing or tissue every month and will report to the Quality Improvement Committee each quarter.	04/19/17 04/18/17