


Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2015
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NAME OF PROVIDER OR SUPPLIER ANN PEARL NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 45-181 WAIKALUA ROAD KANEOHE, HI 96744
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4 000	11-94.1 Initial Comments A licensing survey was conducted at this facility with the exit date of 3/13/15.	4 000		
4 125	11-94.1-27(14) 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: (14)The right to personal privacy and confidentiality of personal and clinical records; This Statute is not met as evidenced by: Based on observation and interview, the facility did not ensure the right to personal privacy for 1 randomly observed resident in the facility. Finding includes: On 3/10/2015 at 9:43 AM during a tour on the Ilima Ward hallway a resident was observed to be sitting in the shower room unclothed. The side view of the resident could be seen from the hallway. There was one shower curtain hanging partially open at the shower room entrance and another shower curtain closer to the shower stall partially opened. CNA #1 was in the Ilima Ward hallway. The surveyor addressed CNA #1 and asked if the shower curtain was suppose to be opened partially. CNA #1 pulled the shower curtain closest to the hall entrance shut and stated, "suppose to be closed for privacy".	4 125	<p>4125</p> <p>I. The resident identified at the time was provided privacy to prevent any exposure. The privacy curtain was appropriately adjusted immediately at the time of discovery. The facility purchased and installed two new shower curtains that will overlap providing extended coverage for privacy. Responsible party: Environmental Services Completion date: 3/12/2015</p> <p>II. The curtains were corrected immediately and no other residents were affected by this practice. Other shower areas were viewed to ensure that this did not occur in other bathing areas. Responsible party: Environmental Services Completion date: 3/12/2015</p> <p>III. Nursing staff received education regarding privacy during showers ensuring shower curtains are completely drawn when providing showers to ensure wall to wall coverage. Routine rounds will occur during shower times to ensure privacy is maintained. Dignity during bath time will be reinforced at nursing staff meetings. Responsible party: Administrator and/or designee Completion date: 3/31/2015</p>	<p>RECEIVED</p> <p>STATE OF HAWAII DOH-OHCA MEDICAL CENTER 2015 MAY -6 A 8:09</p>

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/20/15
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2015-04-20

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4 174	Continued From page 1	4 174		
4 174	<p>11-94.1-43(b) Interdisciplinary care process</p> <p>(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.</p> <p>This Statute is not met as evidenced by: Based on observation and interview the facility did not ensure that an individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, restorative care, and preventative care for 1 resident in the case sample of 16 residents.</p> <p>Finding includes:</p> <p>1) On 3/10/15 Resident #156 was observed sitting in his wheelchair in the hallway of the nursing unit. The physicians orders noted that the resident had been prescribed lorazepam 0.25 mg po prn and diazepam 0.5mg, po q 6 hr. to help control his behaviors. Behaviors included severe agitation and a history of being verbally combative toward staff or other residents. The care plan for this resident was not fully implemented. The care plan titled "Mood/Behaviors/Psych Meds" noted that resident "is followed by psych services as needed..." However, it was confirmed with the Resident Care Manager (RCM) that this resident has not been receiving psych services as the resident's DPOA has refused a referral to a</p>	4 174	<p>4125 Continued</p> <p>IV. Rounds will be conducted weekly x 1 month then monthly thereafter with findings reviewed at the Performance Improvement Committee. An ongoing semiannual audit through an intra-company process further validating compliance in this area. Responsible party: Administrator and/or designee Completion date: 4/24/2015</p> <p>4174</p> <p>I. Resident #156 had his/her care plan revised and implemented to remove the intervention for psych services and to address the appropriate medication use for Trazodone for insomnia. The attending physician was contacted and an appropriate diagnosis was provided for the indication for the medication. Responsible party: Resident Care Manager Completion date: 3/13/2015</p> <p>II. Resident's currently receiving psychotropic medications will have their care plans reviewed and as appropriate updated to reflect the most current pharmacological and non-pharmacological interventions. Responsible party: Social Services Completion date: 4/24/2015</p> <p>III. Resident's on psychotropics medication will have their pharmacological regime reviewed during weekly Clinical at Risk Meetings to ensure appropriate care plan interventions are in place. Licensed nursing staff will be educated on appropriate diagnoses, behavior monitoring and appropriate care plan interventions related to psychotropic medications. Responsible party: Director of Nursing Completion date: 4/24/2015</p>	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ANN PEARL NURSING FACILITY **45-181 WAIKALUA ROAD**
KANEOHE, HI 96744

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4 174	Continued From page 2 psychiatrist. 2) Resident #156 has been taking Trazodone, 25 mg. h.s. as ordered on 2/26/2015. Interview with the RCM#1 on the mornings of 3/11 and 3/12/15 confirmed that the resident had been taking Trazodone for his insomnia. Previously the resident had been taking lorazepam, however after he had a fall his DPOA made a request that Trazodone be used instead. Surveyor requested the care plan for the use of Trazodone and insomnia. The RCM reviewed the resident's electronic record and could not locate a care plan for insomnia and the use of Trazodone.	4 174	4174 Continued IV. Random psychotropic care plan audits will be conducted monthly x 3 and quarterly thereafter ensuring appropriate and current interventions aligned with the resident's needs and current status with findings reviewed at the Performance Improvement Committee. An ongoing semiannual audit through an intra-company process further validating compliance in this area. Responsible party: Social Services Completion date: 4/24/2015	4/24/2015
4 197	11-94.1-46(n) Pharmaceutical services (n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy. This Statute is not met as evidenced by: Based on observation and interview, the facility did not ensure that discontinued and outdated prescriptions shall be disposed of according to facility policy Findings were: On 3/09/2015 at 2:20 PM observation of the Ilima Ward medication storage room found expired medications that were stocked on the shelves for resident use. One was a multidose bottle of Tussin DM cough Syrup with a use by date of 1/15. The second was a multidose bottle of Siltussin Expectorant syrup with a use by date of	4 197	4197 I. Expired medications were disposed of immediately upon discovery Responsible party: Resident Care Manager Completion date: 3/9/2015 II. All other medication storage areas were reviewed for any expired medication with no other deficient practices identified Responsible party: Resident Care Manager Completion date: 3/9/2015 III. Med storage areas will be monitored monthly with expired medication discarded timely. Medication will be appropriately rotated to ensure that expiration dates are closely monitored. Nurses will be educated on monitoring for expired medication. Responsible party: Resident Care Manager Completion date: 4/9/2015	3/9/2015 3/9/2015 4/9/2015

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4 197	Continued From page 3 1/15. LN #1 on the Ilima Ward confirmed the two medications were expired and removed them.	4 197	4197 Continued IV. Resident Care Managers will conduct an audit of medication storage rooms monthly x 3 and quarterly thereafter to ensure there are no expired medications. An ongoing semiannual audit through an intra-company process further validating compliance in this area. Responsible party: Resident Care Manager Completion date: 4/24/2015	
4 243	11-94.1-64(a) Engineering and maintenance (a) The facility shall maintain all essential mechanical, electrical, and resident care equipment in safe operating condition. This Statute is not met as evidenced by: Based on review of records, the facility did not maintain maintain all essential mechanical equipment in safe operating condition. Findings were: The facility did not maintain the emergency generator as required. Per review of facility records, the Life Safety surveyor found that the annual inspection was not done for 2014.	4 243	4243 I. Generator was tested and passed inspection on March 12, 2015 by outside qualified company. Life Safety Inspector was presented with this paperwork on same day. Responsible party: Environmental Services Completion date: 3/12/2015 II. No other equipment testing was found to be out of compliance and no residents were affected by this practice. Responsible party: Environmental Services Completion date: 3/12/2015	4/24/2015
4 277	11-94.1-65(e)(4) Construction requirements (e) The facility shall have resident bedrooms that ensure the health and safety of residents: (4) Single resident bedrooms shall measure at least one hundred square feet of usable space, excluding closets, bathrooms, alcoves, and entryways; This Statute is not met as evidenced by: Based on staff interview, the facility failed to have bedrooms measure at least 80 square feet per resident in multiple resident bedrooms in 1 of 6 rooms on one (of 4) units in the facility. Findings include:	4 277	III. An agreement with a qualified external company was executed ensuring annual testing occurs. The generator is maintained and tested monthly by the environmental services department. Scheduling and maintaining of paperwork associated with generator testing and maintenance will be filed in the environmental services department. Responsible party: Environmental Services Completion date: 3/1/2015 IV. Annual documentation will be presented at the performance improvement meeting. An ongoing semiannual audit through an intra-company process further validating compliance in this area. Responsible party: Environmental Services Completion date: 4/24/2015	3/12/2015

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4 277	Continued From page 4 One room in the Hale Ho'olu unit did not maintain the required square footage for the number of resident occupants. Room #1 measured 76 square feet. Interview with the administrator on 3/10/15 confirmed that the room size for rooms 1 and 3 were not in compliance with the requirement for appropriate square footage.	4 277	4277 Ann Pearl Nursing Facility has applied for a waiver for this.	
4 278	11-94.1-65(e)(5) Construction requirements (e) The facility shall have resident bedrooms that ensure the health and safety of residents: (5) Multi-resident bedrooms shall provide a minimum of eighty square feet per bed of usable space, excluding closets, bathrooms, alcoves, and entryways; This Statute is not met as evidenced by: Based on staff interview, the facility did not have 1 of 6 bedrooms measure at least 80 square feet per resident in multiple resident bedrooms on one (of 4) units in the facility. Findings include: One room in the Hale Ho'olu unit did not maintain the required square footage for the number of resident occupants. Room #3 was a multiple resident room. Interview of the Administrator on 3/10/15 confirmed that the facility rooms remained as noted in the previous survey, and therefore were not in compliance with the requirement for	4 278		

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4 281	<p>Continued From page 6</p> <p>On the morning of 3/9/15 the call light system was not working on one of the nursing units. The staff pagers which are utilized as part of the call light system was not functioning properly.</p> <p>On the morning of 3/9/15 Resident #42 was interviewed. She reported that staff do not respond when she rings the call light/bell. She stated the call light was broken. At 10:10 A. M. the resident demonstrated her statement by using her call light, five minutes passed and no response from staff. Surveyor then used resident's call light and waited 10 more minutes and there was no response to the call light. Subsequently, the surveyor crossed the unit hallway and went into room #3 and used the call lights for two beds in that room. By 10:31 A.M. there was no response by staff for those call lights. Interview with the charge nurse and the two of the C.N.A.s found that their pagers had not signaled that the call lights in rooms 5 and 3 had been used. At 11 A.M. a facility maintenance person arrived on the unit and tested the pagers for the staff. He reported that the 4 pagers for 4 staff on duty that shift were not working.</p>	4 281		