

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2017
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NAME OF PROVIDER OR SUPPLIER HALE OLA KINO	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU, HI 96826
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4 123	<p>Continued From page 1</p> <p>An interview of Staff #8 on the morning of 5/4/17 at approximately 10:50 A.M. revealed the staff documented their notification of change in room/roommate under the "Social Services" tab in the medical record. Staff #8 was unable to find documentation in that section for Resident #26.</p> <p>An interview of Staff #25 on the afternoon of 5/4/17 at approximately 1:15 P.M. revealed the Activities staff introduced new residents to their roommates. Staff #25 reported that the Activities staff does not document room/roommate changes in the medical record.</p> <p>In conclusion, the facility failed to document changes in rooms/roommates.</p>	4 123	<p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>- SSC was in-serviced by the administrator regarding the use of a notice of room transfer/roommate change and new protocols were established to ensure compliance.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur.</p> <p>- The SS Coordinator & Medical Records Coordinator shall be responsible for ongoing audits to ensure compliance.</p>	
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> <ol 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 record review and interview with staff</p>	4 136	<p>4-136 -- 11-94.1-30 Resident Care</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>- Upon learning of the deficient practice, DON & hospice RN Case Manager met and reviewed and updated plan of care.</p>	

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4 136	<p>Continued From page 2</p> <p>members, the facility failed to ensure services for a resident (Resident #12) who elected hospice services were coordinated in a plan of care.</p> <p>Findings include:</p> <p>Resident #12 was admitted to the facility on 9/16/10 with diagnoses of age-related osteoporosis; [REDACTED] and pneumonia. On 10/14/16 Resident #12 was admitted to hospice services related to severe [REDACTED], many urinary tract infections, recent pneumonia and history of ulcers.</p> <p>A record review was done on 5/3/17 at 8:40 A.M. The review found a "Visit Log" by the hospice staff members. The log has entries for the Registered Nurse (RN) and "massage". A review of the hospice initial plan of care includes the following: durable medical equipment (oxygen, waffle mattress); physician to visit as medically necessary; skilled nurse (1x/week) and social worker (1x/month). A review of the facility's "Resident Care Plan" found the plan did not include information regarding who is responsible for performing respective functions that have been agreed upon and included in the plan of care.</p> <p>On 5/3/17 at 9:08 A.M. an interview was conducted with Staff Member #2. Inquired how often does the hospice nurse come to visit the resident and what is the purpose of the nurse's visit, what services does the hospice nurse provide that the facility nurse does not provide. Also noted that there are entries for a hospice worker with the purpose of the visit listed as massage. Further queried how often does this person come to massage the resident.</p>	4 136	<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> <ul style="list-style-type: none"> - DON & hospice RN case manager reviewed those residents' charts, who are also under hospice, to ensure collaboration and coordination of care is maintained, and found no other resident to be affected. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>Upon learning of the deficient practice, both the community and hospice established set protocols to include, but not limited to:</p> <ul style="list-style-type: none"> - Hospice RN to visit a set time period each week to assess and evaluate pain, physical symptoms. - Hospice aide to visit a set time period each week as companion and/or feeding assistant. - SW 1x/month for resident/family grief support. - Chaplain visits, as needed for spiritual support. - Massage therapy visits, as needed and requested. <p>All of these visits occur on a regular schedule to ensure collaboration and coordination of care.</p>	

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4 136	<p>Continued From page 3</p> <p>At 9:12 A.M. Staff Member #43 provided assistance. Queried both staff members regarding what services the hospice nurse and aide provides for Resident #12. Also, requested for the documentation in the resident's care plan related to the services being provided by the hospice entity. The staff member reported the hospice is sending an aide and a massage therapist. Inquired how many times a week does the aide and massage therapist come and what services does the aide provide. Staff Member #43 reviewed the facility's care plan and commented the care plan is "not specific" regarding the delineation of services the facility and the hospice entity is providing. Staff Member #2 reported the aide usually comes to assist the resident at meal time. Staff Member #43 reported the facility will contact the hospice provider to obtain this information (who and how often Resident #12 will be visited by the nurse and aide as well as the services that will be provided by the hospice staff).</p> <p>On 5/4/17 at 11:35 P.M. the hospice nurse provided the current orders for hospice services (frequency of visits and services to be provided). The orders included skilled nursing, once a week for 8 weeks; home aide, once a week for week 1 and subsequently twice a week for 7 weeks (every Tuesday and Thursday).</p> <p>The facility did not ensure services provided by the hospice entity were included in Resident #12's plan of care. The facility also failed to demonstrate ongoing communication and monitoring of the hospice services was being done.</p>	4 136	<p>- All licensed nurses will be in-serviced on Policy and Procedure.</p> <p>- The community will provide orientation & training to the hospice personnel assigned to this community on the facility's policy & procedures. All of these protocols will be completed by 6/16/2017.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place.</p> <p>- The hospice team, which includes the Director of Nurses, Hospice RN Case Manager, Attending Physician, Medical Director, a Quality Assurance Nurse, and Medical Records shall be responsible for ongoing monitoring for this corrective action effective immediately.</p> <p>- The contracted hospice company will conduct monthly audits for the next 3 months (and then quarterly thereafter) to include a technical audit and clinical audit and collaborate the audit findings with the community's director of nurses to ensure ongoing corrective action.</p> <p>- The facility's medical records coordinator will audit charts to ensure compliance.</p>	

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4 172 4 172	<p>Continued From page 4</p> <p>11-94.1-42(j) Physician services</p> <p>(j) Each resident shall receive age-appropriate immunizations or vaccinations including but not limited to pneumococcal and annual influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices unless otherwise contraindicated, or refused by the resident, legal guardian, or surrogate. All immunizations provided shall be documented in each resident's medical record.</p> <p>This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to ensure 1 (Resident #14) of 5 residents or resident's representative receives education regarding the benefits and potential side effects of the pneumococcal immunization.</p> <p>Finding includes:</p> <p>On the morning of 5/2/17 a record review for Resident #14 was done. The review found a signed "Informed Consent" for pneumococcal vaccination with handwritten note that verbal consent was obtained from the resident's representative on 9/13/16 at 1600 and the representative will come to the facility to sign the consent. The box for acknowledging educational information on the pneumococcal vaccination was received and reviewed was not checked.</p> <p>On 5/2/17 at 3:00 P.M. an interview was conducted with Staff Member #2. The staff member reported the pneumococcal vaccine was administered on 9/13/16. The staff member confirmed there is no documentation that education was provided to the resident's</p>	4 172 4 172	<p>4 172 --11-94.1-42(j) Physician Services</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>- After learning the deficient practice, staff involved in the administration of the pneumonia vaccine on resident #14 was counselled on 5/5/17.</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>- No other residents affected, noted from an audit conducted by the DON, a Charge nurse and QA nurse on 5/3/17.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>- An in-service training is scheduled on 6/9/2017 on the Policy and Procedure on resident's immunization to include but not limited to pneumonia vaccine administration.</p>	06/09/17

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4 172	<p>Continued From page 5</p> <p>representative before obtaining the consent and the administration of the vaccine.</p> <p>A review of the facility's policy and procedure entitled "Immunization of Residents" notes the following: "The resident/family representative will receive education and be informed about the benefits and risks of immunizations before offering the vaccine".</p> <p>The facility failed to ensure a resident/resident's representative received education regarding the benefits and potential side effects of the pneumococcal immunization before administering the immunization.</p>	4 172	<p>- Triple check process will be done by the RN, LPN and QA nurse prior to the administration of a vaccine to include but not limited to resident/family representative receiving education about the vaccine and information about the benefits and risks of immunizations before offering the vaccine as well as documentation that education was provided to the resident's representative before administration of the vaccine.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place.</p> <p>- Quality Assurance Nurse will do quarterly audits of the triple check process to ensure that it is done prior to vaccine administration.</p>	