

Hawaii Dept. of Health, Office of Health Care Assurance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>125057 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>04/07/2017 |
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NAME OF PROVIDER OR SUPPLIER  
**KULANA MALAMA**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**91-1360 KARAYAN STREET  
EWA BEACH, HI 96706**

| (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 |
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| 4 000              | 11-94.1 Initial Comments<br><br>A re-licensing survey was completed from 04/04-07/2017. There were 27 residents on the census with the facility licensed for 30 beds. The facility provides long-term care for pediatrics to adults and has a waiver for mixed gender/age rooms. All of the residents at the facility required extensive assistance for activities of daily living, and nursing care for either ventilation and/or tracheostomy, and tube-feeding.  | 4 000         |   |                    |
| 4 084              | 11-94.1-11(d) Waiver<br><br>(d) Any approved waiver shall be granted within the requirements of this section, for time periods and under conditions consistent with this chapter, and with the following limitations:<br><br>(1) The department may issue a waiver for a period not exceeding one year;<br>(2) The department may revoke the waiver at any time if the waiver creates a threat to the health, safety, or welfare of the resident(s);<br>(3) For every waiver granted under this section, the department shall, on a case-by-case basis, require the licensee to submit to the department additional information as may be necessary or appropriate such as:<br><br>(A) Resident diagnosis, physician or APRN order, training to be provided to licensee, plan for monitoring, oversight, and evaluation of resident status;<br>(B) Conditions under which any structural changes to the facility will be completed, specific timeframe for construction completion, and plan to ensure the safety of the residents during construction; and<br>(C) Procedure to be undertaken to ensure the health, safety, and welfare of residents as | 4 084         |   |                    |

**RECEIVED**  
 2017 MAY 12 P 2:29  
 STATE OF HAWAII  
 DOH-OHCA MEDICARE

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



TITLE

Administrator

(X6) DATE

5/12/17

STATE FORM

8899

1ZFD11

If continuation sheet 1 of 12

5/15/17 - initial

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| 4 084  | Continued From page 1<br><br>necessitated by staffing changes or training to meet the requirements of this chapter;<br><br>(4) For every waiver granted under this section, the department shall perform a thorough review of known and available means of protecting the health, safety, or welfare of the resident(s) to which the waiver applies.<br><br>This Statute is not met as evidenced by:<br>Based on interview and observation the facility had a waiver for mixed gender and age rooms.<br><br>Findings include:<br><br>During the entrance interview on 04/04/2017 at 7:45 AM, Staff#20 stated the facility had a mixed room waiver for gender and age.<br><br>On 04/04/2017 at 1:24 PM during a family interview for R#23 in room 14B, it was observed that the roommate was of different gender and 8 years older than the resident. Both residents in room 14 were unable to walk, wheel-chair/bed bound, with tracheostomy and ventilation support.<br><br>The facility was informed that an annual request to continue the mixed gender/age room waiver needed to be submitted to the SA with any additional and/or appropriate information to ensure that the health, safety, or welfare the resident(s) are not compromised. | 4 084   | A. A request will be submitted to the State of Hawaii Department of Health OHCA concerning and extension to the waiver for.....<br><br>B. While waiting for a decision on the waiver, the LSW is speaking to the family/legal guardians for the residents who reside in the room which contains members of the opposite sex. Prior discussions with these families/legal guar has resulted in approval for placement of the residents in these rooms.<br><br>C. The LSW will speak with the family of the residents in Room 14 again to ensure that they are agreeable to the living arrangement.<br><br>D. Further action including room changes may be necessary depending on the results of the request of the extension of the waiver. | 5/12/17<br><br>5/15/17<br><br>5/15/17<br><br>5/22/17 |   |
| 4 095  | 11-94.1-20(a) In-service education<br><br>(a) There shall be a staff in-service education program that includes the following:  | 4 095   |  |  |   |

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| 4 095              | <p>Continued From page 2</p> <p>(1) Orientation for all new employees that shall include:</p> <p>(A) Information to acquaint them with the philosophy, organization, program, policies and procedures, practices, and goals of the facility; and</p> <p>(B) Competency evaluation to ensure that staff are able to carry out their respective duties;</p> <p>(2) In-service training for employees who have not achieved the desired level of competence, and continuing in-service education to update and improve the skills and competencies of all employees;</p> <p>(3) In-service training that shall include annually, at minimum, prevention and control of infections, fire prevention and safety, disaster preparedness for all hazards, accident prevention, resident rights including prevention of resident abuse, neglect and financial exploitation, and problems and needs of the aged, ill, and disabled;</p> <p>(4) Competency testing for cardiopulmonary resuscitation to annually certify the nursing staff;</p> <p>(5) Training in oral hygiene and denture care, which shall be given to the nursing staff at least annually; and</p> <p>(6) Appropriate personal hygiene instructions at regular intervals shall be given to all personnel providing direct care and handling food.</p> | 4 095         |   |                    |

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| 4 095 | <p>Continued From page 3</p> <p>This Statute is not met as evidenced by:<br/>Based on interviews and employee record reviews the facility failed to ensure that new employees received the minimum required inservice training's for: infections, fire prevention and safety, disaster preparedness for all hazards, accident prevention, resident rights including prevention of resident abuse, neglect and financial exploitation, and problems and needs of the aged, ill, and disabled.</p> <p>Findings include:</p> <p>On 04/072016 at 12:30 PM requested from Staff #1 to review employees inservice records. Staff#1 could not readily find the employee training records and had to locate employee training records. The form was not completed by Staff#1 at survey exit.</p> <p>On 04/11/2017, Staff#1 came to the State Agency (AS) office to deliver the completed Inservice Record Review form and not applicable (n/a) was written under HazMat, Infection Control, Fire &amp; Safety, Accident Prevention, Pts' Rights &amp; Problems, Need of Ill, aged, &amp; disabled for 6 of 7 new employees.</p> <p>The facility failed to ensure that new employees were provided the minimum required inservice training as listed above.</p> | 4 095 | <ol style="list-style-type: none"> <li>1. N/A</li> <li>2. N/A</li> <li>3. All new employees receive in-service education through modules and/or lectures, with quizzes, before working with residents, on the following topics: Infection control; Fire prevention and safety; Disaster preparedness for all hazards; Accident prevention; Resident rights including prevention of resident abuse, neglect, and financial exploitation; and Problems and needs of the aged, ill, and disabled. Completion of modules/lectures/quizzes are documented and tracked by type of in-service, hours spent, and date of completion, using Libre Office.</li> <li>4. Administration will monitor the documentation and tracking system quarterly to ensure accuracy of information. Any issues will be resolved immediately and trends reported at the quarterly QAPI meeting</li> </ol> | <p>5/22/17<br/>Ongoing</p> <p>5/22/17<br/>Ongoing</p> |
| 4 096 | 11-94.1-20(b) In-service education<br><br>(b) Records shall be maintained and available for  | 4 096 |  |   |

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| 4 096   | Continued From page 4<br><br>departmental review for all orientation and staff in- service and development programs.<br><br>This Statute is not met as evidenced by:<br>Based on staff interview the facility did not have orientation and staff in-service and developmental program records available for the State agency review.<br><br>Findings include:<br>At the entrance conference on 04/04/2017 at 8:30 AM, provided the inservice record review form to Staff#1 and explained that the form is to be completed during the survey period.<br><br>On 04/07/2017 at approximately 12:30 PM, met with Staff#1 to complete the inservice record review form but the inservice records were not readily available and Staff#1 had leave for a meeting. | 4 096  | 1. N/A<br><br>2. N/A<br><br>3 Facility will ensure understanding of orientation and staff in-service and developmental program processes required by the State Agency and ask any clarifying questions as appropriate.<br><br>4 At next State Survey and future State Surveys, facility will ensure understanding of all requests made by the State Agency with timelines and provide information accordingly. | 5/22/17 ongoing<br><br>5/22/17 ongoing       |
| 4 136   | 11-94.1-30 Resident care<br><br>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:<br><br>(1) Respiratory care including ventilator use;<br>(2) Dialysis;<br>(3) Skin care and prevention of skin breakdown;<br>(4) Nutrition and hydration;<br>(5) Fall prevention;<br>(6) Use of restraints;<br>(7) Communication; and<br>(8) Care that addresses appropriate growth and development when the facility provides care to   | 4 136  |  |  |

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| 4 136              | <p>Continued From page 5</p> <p>infants, children, and youth.</p> <p>This Statute is not met as evidenced by:<br/>Based on medical record review, staff interviews and observations, the facility failed to develop and implement relevant interventions for the highest level of functioning that the resident may be expected to attain/maintain based on a comprehensive assessment and plan of care for the restraint-like custom bed.</p> <p>Findings include:</p> <p>On 04/05/2017 at 2:59 PM while waiting for staff #21 to gather supplies for tracheostomy care for resident(R) #2 it was noted that there was a large, wooden bed in the room. Staff #21 stated the bed was "custom made" for the resident. On 04/06/2017 at 12:49 PM met with staff #'s 1, 2 and 3 to discuss R#2's custom made bed. Upon interview Staff #2 stated that he had investigated getting a new bed for R#2 as the resident had broken the last bed. Staff #2 explained that R#2 was diagnosed at birth with intellectual disabilities (IID) and was too active for the standard hospital-type bed with bed rails available at the facility. Staff #2 stated that he called other hospitals to inquire if there was a bed made to keep an IID resident safe and not too restrictive. The other hospitals did not have any recommendations on beds that the resident could use to maintain safety with minimum restraints. Staff #2 stated that R#2 had very strong upper body strength, was able to roll around and pull himself up on his knees with a full height of 56 inches. Staff #2 stated that he did a "web search for beds for adults who fall out of bed." He was able to find a manufacturer who made custom beds based on individual specifications. The</p> | 4 136         | <p>A. Resident #2's care plan will be revised to reflect resident use of custom made bed for sleeping/rest period. On-going monitoring will occur while the resident is in bed for safety and need for out of bed activities.</p> <p>B. All resident's in custom-made beds will be monitored for sleep/rest, safety, and need for out of bed activities.</p> <p>C. Clinical staff will regularly observe the resident and provide out of bed activities during non-rest/sleep periods. Clinical Staff will be re-educated on the need for out of bed activities and proper documentation, including in-bed and out of bed activities</p> <p>D. The DON or designee will monitor documentation for resident positioning and in bed/out of bed activities at least quarterly. Any deficiencies will be corrected immediately. Any trends in deficiencies will be reported at the quarterly QAPI meetings.</p> | <p>5/16/17</p> <p>5/16/17</p> <p>5/19/17</p> <p>5/22/17 ongoing</p> |

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| 4 136              | Continued From page 6<br><br>facility ordered R#2's customized bed to protect the resident from falling out of bed and ensuring there were no rails or slats to prevent limb entrapment. The customized bed for R#2 had Plexiglas shutters with holes that close and lock into place instead of side rails with slats. Upon record review it was noted that there was a doctor's order to use the custom made bed on the monthly physician order sheet. Record review of R #2's Interdisciplinary Care Plan revealed that there was no discussion of how R#2's custom-bed would be utilized for sleeping and how often staff would ensure that the resident was monitored and released from the restraint-like custom bed. The care plan that was in place documented that R#2 utilized "full side rails when in crib" and "use of clear canopy while in crib at all times." | 4 136         |   |                    |
| 4 185              | 11-94.1-46(b) Pharmaceutical services<br><br>(b) A facility shall have a current pharmacy policy manual consistent with current pharmaceutical practices developed and approved by the pharmacist, medical director/medical advisor, and director of nursing that:<br><br>(1) Includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services, including the safe administration and handling of all drugs and self-administration of drugs. Policies and procedures shall include: pharmacy functions and responsibilities, formulary, storage, administration, documentation, verbal and telephone orders, authorized personnel, recordkeeping, and disposal of drugs;<br><br>(2) Is reviewed at least every two years and  | 4 185         |   |                    |

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| 4 185              | <p>Continued From page 7</p> <p>revised as necessary to keep abreast of current developments in overall drug usage; and</p> <p>(3) Has a drug recall procedure that can be readily implemented.</p> <p>This Statute is not met as evidenced by:<br/>Based on observations and staff interviews the facility failed to ensure that procedures for safe handling and secure storage for disposal of expired and/or discontinued medications were in coordination with the Pharmacist Consultant's recommendation.</p> <p>Finding include:</p> <p>On 04/05/2017 at 12:50 PM during interview of Staff#1 observed 8 plastic garbage bags (13-gallon size) full of medications on a utility cart in her office. According to Staff#1, the bags of expired and/or discontinued medications were to be taken to the Drug Enforcement Agency (DEA) in Honolulu for destruction as recommended by their Pharmacist Consultant (PC). The bags of medications were being kept in Staff#1's office until transported to the DEA office for disposal. Staff#1 stated, "I have to be honest, I have been busy and this is maybe 5-6 weeks worth of expired/discontinued medications." The bags of medications were being kept in Staff#1's office because the door could be locked, and only Staff #1 and #3 had the office key. Staff #1 assumed responsibility for transporting the bags of medications to Honolulu in her personal vehicle and stated that she never heard of any regulation for medication disposal/destruction through the DEA and following the PC's instruction.</p> <p>Queried Staff#1 on the facility's policy and</p> | 4 185         | <p>A. The stored non-controlled medications will be delivered to the State NED office for destruction. The stored controlled medications will be destroyed using the facility RX Destroyer.</p> | 4/10/17            |



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| 4 185              | <p>Continued From page 8</p> <p>procedures (P&amp;P), for medication disposal and she provided, "Disposal of Discontinued or Expired Medications Procedure." Under the "PROCEDURE" paragraph "...at a predetermined interval, typically once a month, these medications will be discarded using the following technique; the occlusive trash bag will have a large amount of paper product put into it; all liquid medication will be poured into the trash bag onto the paper product; any ointment or cream medication will be squeezed out of the container and the product will be added to the paper in the trash..."</p> <p>Staff#1 stated that only non-narcotic medications were kept in her office and narcotics for disposal were kept in the locked compartment of the med cart until she is ready to transport all the med's to the DEA office.</p> <p>Staff #1 then stated that the previous P&amp;P was revised and provided, "DISPOSAL OF MEDICATIONS AND MEDICATION-RELATED SUPPLIES," Procedures, A. The director of nursing, in collaboration with the consultant pharmacist, is responsible for the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing and pharmacy personnel have access to controlled medications." The P&amp;P did not have any guidance for the disposal of non-controlled medications. Queried whether the revised P&amp;P was adopted by the facility's governing body because none of the P&amp;Ps were dated or numbered. Staff#1 was not sure whether P&amp;Ps were reviewed and approved by the governing body.</p> <p>On 04/05/2017 at 12:58 PM interviewed</p> | 4 185         | <p>B. All designated medication storage areas will be observed for expired or discontinued medication. The non-controlled medications will be delivered to the State NED office for destruction. The controlled medications will be destroyed using the facility RX Destroyer.</p> <p>C. The facility P&amp;P will be reviewed and revised to reflect current practices for storage and disposal of expired and discontinued, controlled and non-controlled medications. All licensed nurses will be educated on proper disposal. All controlled and non-controlled meds will be destroyed and documented per revised facility policy and procedure</p> <p>D. The DON or Designee will monitor the documentation regarding the disposal and destruction of expired and discontinued, controlled and non-controlled medications on a monthly basis. Any trends in deficiencies will be reported at the quarterly QAPI meetings.</p> | <p>4/20/17</p> <p>5/17/17 ongoing</p> <p>5/17/17 ongoing</p> |

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| 4 185 | <p>Continued From page 9</p> <p>Staff#30 while looking through Med Cart #1. Staff#30 opened the locked compartment on Med Cart#1 to show that the expired/discontinued narcotic medications were stored toward the back of the locked compartment, with the current narcotics being used in the front. Each expired/discontinued narcotic med was wrapped with the control substance record sheet to show the amount that should be disposed of. According to Staff#30 the narcotic med's for disposal were being stored in the locked compartment because there wasn't any med destroyer bottle. The facility was waiting for more med destroyer bottles from the contracted pharmacy. Staff#30 also stated that the practice of destroying narcotics in the destroyer bottle has been going on for over a year now. Queried when the next supply of destroyer bottles were to be delivered from the pharmacist. Staff#30 went to check and came back to report that there was a case of destroyer bottles that were delivered but she was unaware of the delivery.</p> <p>Accompanied Staff#30 to the medication storage room and observed a case of 4 "Px Destroyer" bottles. Also observed 4 additional garbage bags filled with med's to be destroyed with expiration dates of March 2017. The plastic bags were being stored in the med room hand washing sink.</p> <p>On 04/07/2017 at 10:25 AM interviewed Staff#3 re: medication disposal, and she stated that the night shift charge nurse is usually assigned to medication disposal once a week. Staff#3 provided the narcotics/controlled drugs log to show that narcotics reconciliation were being done with two nurses and signed by them. The "Staff Weekly To Do List; Tuesday - NOC CN: Check skin assessments; Medication Disposal," provided a schedule of tasks that the staff</p> | 4 185 |  |  |
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Hawaii Dept. of Health, Office of Health Care Assurance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>125057</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>04/07/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>KULANA MALAMA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>91-1360 KARAYAN STREET<br/>EWA BEACH, HI 96706</b> |
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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 |
|--------------------|---|---------------|---|--------------------|
| 4 185              | <p>Continued From page 10</p> <p>needed to complete on a weekly basis.</p> <p>On 04/07/2017 at 11:00 AM interviewed the facility's PC via telephone call. According to her, the Narcotics Enforcement Division (NED) will take controlled and non-controlled medications for disposal free of charge from the facility. The facility was to document all controlled drug(s) and amount for disposal on the State NED form before transporting to the NED agency. When received by the NED agency, the controlled drugs would be reconciled, the form signed and returned to the facility for record keeping. Any facility staff in an authority position could transport the controlled and non-controlled medications to the NED. All facilities were to do monthly drop-offs for drug disposal. The PC stated that the procedure for disposal of drugs at the NED was shared with the facility, and in the past the DON was responsible for transport of all medications but any staff in an authority position could transport.</p> <p>On 04/07/2017 at 11:30 AM interviewed Staff#1 and #3 regarding correct P&amp;P that facility staff were to follow. Informed them of PC interview and queried whether licensed staff were made aware of med disposal by NED. Staff#1 stated that she was going to look for the State NED form because she saw it somewhere. Queried why the DON was not in charge of medication disposal and reconciliation of controlled drugs as specified in the facility's P&amp;P. Staff#1 stated that she assisted Staff#3 and that charge nurses were not following the P&amp;P. Informed Staff#1 that when queried, inconsistent answers were provided by her and licensed staff, with past and current medication disposal P&amp;Ps referred to.</p> <p>The facility stored disposed/discontinued</p> | 4 185         |   |                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>KULANA MALAMA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>91-1360 KARAYAN STREET<br/>EWA BEACH, HI 96706</b> |
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| 4 185              | Continued From page 11<br><br>controlled and non-controlled medications inappropriately in a non-secured office. The office was not locked when no one was there as surveyor was able to open door with bags of med's on utility cart. Also, the facility did not provide correct drug disposal P&P to licensed staff as inconsistent answers were provided by staff. | 4 185         |   |                    |