

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2017
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RECEIVED

NAME OF PROVIDER OR SUPPLIER HALE HO'OLA HAMAKUA	STREET ADDRESS, CITY, STATE, ZIP CODE 45-547 PLUMERIA STREET HONOKAA, HI 96727
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2017 JUL 26 A 10:17

(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 A survey for relicensure and recertification survey conducted at the facility from May 9, 2017 through May 12, 2017. On entrance, the census included 61 residents.	4 000	The submission of this plan of correction does not constitute an admission with the allegations of non-compliance. It is submitted solely as the facility's credible allegation of compliance as mandated by Federal and State regulations.	
4 149	11-94.1-39(b) Nursing services (b) Nursing services shall include but are not limited to the following: (1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty-first day after, or simultaneously, with the initial interdisciplinary care plan conference; (2) Written nursing observations and summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and (3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided. This Statute is not met as evidenced by: Based on observation of 1 of 29 residents from the Stage 2 sample of residents the facility failed to correctly fill out the Minimum Data Set (MDS) Resident Assessment and Care Screening Nursing Home Comprehensive (NC) Item Set.	4 149	It is the policy of Hale Ho'ola Hamakua that each resident is treated as an individual with respect and dignity. 4 149 (11-94.1-39(b) Nursing Services The MDS for Resident #46 that was completed on 1/24/17 was modified resubmitted on 5/12/17. All residents have the potential to be affected by this deficiency. <u>Responsible Person</u> The RAI Coordinator and the Educator will be responsible for on-going compliance. <u>Systemic Changes and Monitoring</u> Education for CNAs on documentation will be provided annually. Prior to submission of the MDS, there will be a review done by another RN within the department. A log	5/12/17

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Interim Administrator* (X6) DATE *7/20/17*

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4 149	Continued From page 1 Finding includes: On On 05/12/2017 at 9:06 AM reviewed Resident #46 (Res #46) MDS which was filled out on 1/24/2017 and there was an error noted on Section G0300. Balance During Transitions and Walking D. Moving on and off toilet which was coded 0 which is steady at all times. Res #46 is a paraplegic and does not have use of her legs. The facility failed to fill out correctly the resident's MDS which may result in poor care planning.	4 149	will be kept by the RAI coordinator. This will be done for 90 days or until compliance is met. This will be monitored in QAPI.	
4 214	11-94.1-55(a) Housekeeping (a) Each facility shall have a plan for routine periodic cleaning of the entire building and premises. <input type="checkbox"/> This Statute is not met as evidenced by: Based on observations and staff interview the facility failed to provide effective housekeeping and maintenance services for the residents to maintain a sanitary, orderly and comfortable interior. On 05/11/2017 at 7:345 AM met and interviewed staff #84. We toured a resident's room on the Plumeria unit and checked the bathroom which has a shower and it was seen with white substance on the shower floor and shower head handle. Staff #84 stated this was "calcium build up" when asked what it was. On 05/11/2017 at 9:02 AM met and interviewed staff #86. Staff #87 was shown the ceiling tile in	4 214	4 214 (11-94.1-55(a) Housekeeping On 5/17/17, the maintenance department changed the shower hose in Room 101. The area was also cleaned by Environmental Services staff and the white substance on the shower floor and shower head handle was removed. On 5/18/17, the maintenance department reinsulated the chill water line and changed the ceiling tile in the Beauty salon. The ceiling tile with the	5/17/17 5/18/17

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4 214	<p>Continued From page 2</p> <p>the Beauty Salon room and he stated the tile has "black substance" and reported that he will change out the ceiling tile and that "the chill water line caused the damage". During this time it was brought to his attention that there was one more ceiling tile in the hallway leading to the Plumeria unit that also had brown staining.</p> <p>On 05/11/2017 at 10:05 AM while walking around the 3 units (Plumeria, Lehua and Maile) with staffs #85 and #86 there were areas that required housekeeping and maintenance services. While in the Plumeria women's shower and Lehua Men's shower rooms there was a dark orange substance on the bottom of the door jams near the floor and staff #85 stated it was "rust" when asked what it could be. While touring the Maile unit shower room staff #86 confirmed that the dark orange colored substance on the handrails was "rust". Also, noted in the Maile shower room, was a shower gurney that had a build up of dark orange material on the wheels and staff #86 confirmed that this was "rust" on two of the gurney wheels.</p> <p>On 05/11/2017 at 2:29 PM met and interviewed staff #36 who stated that the 8 ceiling tiles near the AC in the Maile nurses station looks like "mildew". This was brought to staff #86 attention.</p> <p>On 05/12/2017 at 9:02 AM while walking from the Beauty Salon and going to the elevator surveyor noted the handrail on the wall across from the Beauty salon had jagged edges. It appeared not to fit well with the next handrail, the jagged edges prevented it from forming a smooth rail.</p> <p>On 05/12/2017 at 10:54 AM tour of the clean and dirty laundry rooms presented with peeling paint</p>	4 214	<p>brown staining in the hallway leading to the Plumeria Unit was also changed.</p> <p>On 5/17/17, the maintenance department scraped and repainted with paint and a rust inhibitor additive the bottom of the door jams near the floor in the Plumeria Women's shower and Lehua Men's shower room and the handrails in the Maile shower room were scrubbed and cleaned to remove the dark colored orange substance. On 5/17/17, environmental services steam cleaned and removed the build-up of dark orange material on the wheels of the shower gurney</p> <p>On 6/13/17, the maintenance staff replaced the 8 ceiling tiles near the AC in the Maile nurses' station.</p> <p>On 6/13/17, the maintenance department filed and aligned the edges of the handrail on the wall across from the Beauty Salon, resulting in a smoother rail. The handrails will also be replaced within the next fiscal year.</p> <p>The peeling paint on the hallway walls outside of the clean and dirty laundry rooms will be painted by 8/1/17. On</p>	<p>5/17/17</p> <p>6/13/17</p> <p>6/13/17</p> <p>8/1/17</p>

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4 214	<p>Continued From page 3</p> <p>on the hallway walls and this was confirmed with staff #85 who stated that the walls had "peeling paint". This was noted outside of the clean laundry room. In the hallway it was noted that the ceiling tiles had "moisture" stains as stated by staff #85 and that the ceiling tile "does not fit well". The clean laundry room was seen with what appeared to be a layer of grey substance on the wall above the door. Staff #85 stated this was "dust" on the wall above the door inside the room</p> <p>The facility failed to provide effective housekeeping and maintenance services which may result in an unsanitary, unordered and uncomfortable interior.</p>	4 214	<p>5/24/17, the hardware for the ceiling tile and the ceiling tile located in the hallway outside of the clean laundry room was replaced.</p> <p>On 5/18/17, environmental services cleaned the walls of the clean laundry room to remove the layer of grey substance found on the wall above the door.</p> <p>No resident was found to be affected by this deficiency.</p> <p>Responsible Person</p> <p>The maintenance and environmental services supervisors will be responsible for on-going compliance.</p> <p>Systemic Changes and Monitoring</p> <p>The maintenance supervisor/designee will monitor for moisture or staining on ceiling tiles, hand rails, and door jambs on a monthly basis, which will be documented on a checklist. The environmental services supervisor/designee will monitor the shower rooms, private showers, shower gurneys daily, which will also be documented on a checklist. Environmental services will also do scheduled wall cleaning on the clean laundry room. This will be monitored in QAPI.</p>	<p>5/24/17</p> <p>5/18/17</p>
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