

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

15 AUG 2016 10:00 AM

Facility's Name: Oceanside Hawaii Assisted Living	CHAPTER 100.1
Address: 53-594 Kamehameha Highway, Hauula, Hawaii 96717	Inspection Date: January 28 & 29, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Employee #1 – No annual tuberculosis (TB) clearance. Submit copy with plan of correction.</p>	<p><i>See attached</i></p>	<p><i>1/31/16</i></p> <hr/> <p><i>Aug 1, 2016</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – No signed physician order for “nitrofurantoin (Macrobid) 100 mg I cap po BID x 7 days” reflected in the progress notes and the May 2015 medication record.</p> <p>Resident #1 – “Lisinopril 2.5 mg Take 1 tab by mouth once</p>	<p><i>See attached</i></p>	<p><i>4/12/16</i></p> <hr/> <p><i>Aug 1, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>daily Hold if SBP < 100 or DBP < 60" ordered 10/30/15; however, the medication records reflected:</p> <ul style="list-style-type: none"> • 1/1/16 BP= 97/80; the medication record was initialed as given • 1/14/16 BP = 97/84; the medication record was initialed as given • 12/8/15 BP = 97/48; the medication record was initialed as given • 12/9/15 BP = 95/69; the medication record was initialed as given • 12/27/15 BP = 96/68; the medication record was initialed as given <p>Resident #2 - Physician order dated 3/17/15 reads, "Silvadene 1% cream apply topically two-times per day. Apply affected area." Medication administration record for March 2015 and part of April 2015 indicates that cream was applied only once a day in the am. No explanation given for not following physician orders.</p>	<p><i>see attached</i></p>	<p style="text-align: center;">4/14/16</p> <hr/> <p style="text-align: center;">Aug 1, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No current physical examination in record.</p>	<p><i>see attached</i></p>	<p style="text-align: center;">4/13/16</p> <hr/> <p style="text-align: center;">Aug 1, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p>	<p><i>see attached</i></p>	<p style="text-align: center;">4/14/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – No progress notes for a fall on 2/1/15 resulting in a skin tear to the right elbow. The physician was notified of the fall by fax on 2/1/15.</p> <p>Resident #1 – Progress notes did not reflect that the resident was sent to the emergency room and diagnosed with “viral gastroenteritis and low grade fever” on 10/16/15. The physician was notified by fax on 10/16/15.</p> <p>Resident #1 – Monthly progress notes for January 2015 was completed on 5/17/15 and progress notes for February 2015 was completed on 5/17/15.</p>	<p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;"><i>4/14/16</i></p> <hr/> <p style="text-align: center;"><i>Aug 1, 2016</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)</p> <p>Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u></p>	<p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;"><i>4/14/16</i></p> <hr/> <p style="text-align: center;"><i>Aug 1, 2016</i></p>

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 4/14/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Resident #1 – No incident report for “assisted fall” on 11/22/15. The physician was notified by fax.</p> <p>Resident #1 – No incident report for fall on 2/1/15. The resident sustained a skin tear to the right elbow. The physician was notified by fax.</p> <p>Resident #2 – Progress notes indicate resident fell on 11/13/15. No incident report in binder for fall on that date.</p>	<p><i>see attached</i></p>	<p><i>4/14/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS No legend for “LC” reflected on the December 2015 and January 2016 medication records.</p>	<p><i>see attached</i></p>	<p><i>4/14/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #2 – Inventory of resident possessions not current. Last update 12/2/2014.</p>	<p><i>see attached</i></p>	<p><i>4/14/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (1) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p>	<p><i>see attached</i></p>	<p><i>4/14/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Nursing services, delegation and staffing pattern/ratio;</p> <p>FINDINGS No operational policies for the following:</p> <ul style="list-style-type: none"> • Alert charting • Fall monitoring • Seizures 	<p><i>see attached</i></p>	<p><i>4/14/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Resident #1 – Progress notes for March 2015 – October 2015 did not include observations on the resident's response to "NCS, NAS, regular thin liquids." 2. Resident #2 – Progress notes for December 2015 did not include observations on the resident's response to regular diet. 	<p><i>see attached</i></p>	<p style="text-align: center;"><i>4/14/16</i></p> <hr/> <p style="text-align: center;"><i>Aug 1, 2016</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (7) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Meal planning, food purchase, meal preparation and service, and referral and use of consultant registered dietitian;</p> <p>FINDINGS General operational policies did not include meal planning, food purchasing, meal preparations, and referral and use of the Consultant Registered Dietitian.</p>	<p><i>see attached</i></p>	<p><i>1/14/16</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	Resident #1 – No nutrition care plan for resident on “NCS, NAS, regular thin liquids” diet.	see attached	8/14/16
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p>FINDINGS Bathroom between Bedrooms #108 & #109 had a strong urine odor.</p>	see attached	<p>Aug 1, 2016</p> <p>8/14/16</p> <p>Aug 1, 2016</p>
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS Bathroom between Bedrooms #120 & #121 had no hand soap and no hand soap dispenser.</p>	see attached	8/14/16
☒	§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS Bedroom #108 – No response to signaling device. Both Bed #1 and Bed #2 were tested.</p> <p>Bathroom between Bedrooms #116 and #117 had no signaling device.</p>	<p><i>see attached</i></p>	<p><i>4/14/16</i></p>

Licensee's/Administrator's Signature: Janet Dornbierer RN

Print Name: Janet Dornbierer RN

Date: Aug. 1, 2016

Licensee's/Administrator's Signature: Leatrice A. Grantham

Print Name: Leatrice A. Grantham

Date: 8/23/2016

Aug. 1, 2016

Oceanside Hawaii Plan of Correction January 28-29, 2016

Plan of Correction

Annual Inspection Date: January 28-29, 2016

11-100.9 (b) The employee TB test was completed and read on 1/31/2016. To prevent this deficiency from recurring TB clearances must be completed prior to the start of employment and annually thereafter. HR will be responsible for maintaining an annual tracking log to ensure compliance with this requirement. For annual TB clearance, HR will send Department Managers e-mail reminders of TB clearances that are due. The HR reminders will be sent 30 and 60 days prior to the due date. The Department Managers will post the employee list in the respective Department areas. The employee will obtain the TB form from HR and return the completed form to HR. HR will be responsible for updating the annual TB tracking log and filing the completed TB test form in the Employee TB binder stored in the HR office.

Leatrice Grantham Executive Director



5/23/2016

Date

11-100.1-15 (e)

Findings:

Resident #1 No signed physician orders

Resident #1 corrected - Signed physician order on 4/12/16.

Resident #1 Lisinopril 2.5mg, take 1 tab by mouth once daily. Hold if SBP < 100 or DBP < 60.

Ordered on 10/30/15; however on 5 occurrences the medication was initialed as given when it was document that the BP was outside of the parameters to administer the medication. Correction:

Incident report completed, physician notified, employee retrained. 2/2/16

Resident # 2 Physician order dated 3/17/15 Silvadene 1% cream apply topically two times per day. Apply to affected area. The Medication administration record for March 2015 and April 2015 indicated that the cream was only applied once a day in the AM and no explanation was given for not following the physician orders. Corrected Physician notified 1/30/16. Medication given per order.

11-100.1-15 (e) To prevent similar deficiencies of unsigned medication physician orders from recurring, all physician orders will be written/signed by a MD or an APRN. If verbal orders are taken, a copy of the verbal order will be faxed to the physician for signature who will then fax/mail the signed verbal order back to the Community within 14 days. All "physician order printouts" will be manually or electronically signed by the physician within 14 days from the date of printout. The Care Coordinator or designee will track all physician orders with pending signatures. The Care Coordinator or designee will provide weekly verbal/written reminders to physicians until orders are signed and received by the Community. The Care Coordinator or designee will inform the Health and Wellness Director of any difficulty obtaining physicians' signatures. The Health and Wellness Director will assist the Care Coordinator or designee in obtaining physician signatures, as needed. The Care Coordinator will be responsible for filing all signed physician orders in the resident's chart.

To prevent similar deficiencies from recurring regarding medication "hold" parameters as set forth by the physician, all "hold" parameters will be followed. The Health and Wellness Director or designee will provide staff re-education regarding "holding" medications as set forth by the physician. To ensure this deficiency is corrected, the Health and Wellness Director or designee will complete a monthly chart audit. The Health and Wellness Director or designee will store the audits in the Health and Wellness Director's office in the "Monthly Chart Audits" binder.

To prevent similar deficiencies from recurring regarding medications given as ordered, all medications will be administered per physician's orders. The Health and Wellness Director or designee will provide staff re-education regarding "The Five Rights of Medication Administration" and how to complete the Medication Administration Record completely and correctly. To ensure this deficiency is corrected, the Health and Wellness Director or designee will complete a monthly chart audit and file the audit in the Health and Wellness Director's office in the "Monthly Chart Audits binder."

Janet Dornbierer/RN

Janet Dornbierer/RN

Date: Aug 1, 2016

11-100.1-17 (b) (1)

Findings:

Resident #2 No current physical examination in record. Corrected - physical examination was done on 4/13/16.

11-100.1-17(b)(1) To prevent this deficiency from recurring, all residents will have evidence of an annual physical exam. A tracking form was created and placed in the front of each resident's chart. The Health and Wellness Director or designee will provide verbal/written notification to the resident, resident's family or surrogate and/or resident's physician of the annual physical examination requirement two months prior to the due date. The Health and Wellness Director or designee will provide weekly reminders until the physical examination has been completed and the completed Physical Exam form has been returned to the Community. The Health and Wellness Director or designee will file the completed Physical Exam form in the resident's chart and update the tracking record. To ensure this deficiency has been corrected, the Health and Wellness Director will complete a monthly chart audit and file the completed form in the Health and Wellness Director's office in the "Monthly Chart Audits" binder.

Janet Dornbierer/RN

Janet Dornbierer/RN

Date: Aug 1, 2016

11-100.1-17 (b) (3)

Findings:

Resident #1 No Progress notes for a fall on 2/1/15 resulting in a skin tear to the right elbow. The physician was notified by fax on 2/1/15.

The following actions were taken to correct this deficient practice: To date no progress note has been written, unable to write a progress note for that historical date at this time. Physician's notification in place/notes.

Resident #1 Progress notes did not reflect that the resident was sent to the emergency room and diagnosed with "viral gastroenteritis and low grade fever" on 10/16/15. The physician was notified by fax on 10/16/15.

The following actions were taken to correct this deficient practice:

No progress note was written, unable to write one at this time for historical date. TCP was in place for three days following E-R visit. Follow up was done per the physician. Physician was notified and no new orders received.

Resident #1 Monthly progress notes for January 2015 as completed on 5/17/15 and progress notes for February 2015 was completed on 5/17/15.

The following actions were taken to correct this deficient practice:

Unable to correct historical charting.

Staff have been trained on the process of progress notes to be completed on the month that they are due.

To prevent future deficiencies: Oceanside ARCH/E-ARCH will assure that during residence, records shall include: Progress notes that shall be written on a monthly basis or more often as appropriate shall include observations of the resident's response to medication, treatment, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time and any and all action taken.

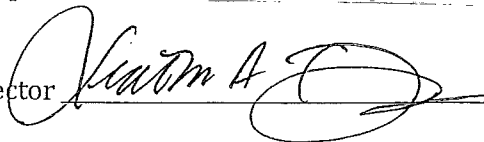
11-100.1-17(b)(3)

In addition to training for staff, the 24 Hour Daily Report/Census has been adjusted to include Incident Reports. The Health and Wellness Director or designee shall use the 24 Hour Daily Report as a guide for auditing Resident Progress Notes to ensure the details of resident falls have been noted; that the notes are written timely; that the date and time of the incident is included and the events requiring transfer to the emergency room have been charted.

11-100.1-17 (b) (3)

Documentation shall be completed immediately when any incident occurs. All care staff, medication techs and nurses will be trained on documentation. This will include but will not be limited to: What, when, how and why to document in the residents progress notes. In addition any new members of the staff will receive the same training. Completion of this training will become part of their community training record. The Primary care giver will assure that documentation for each of the required items has been completed timely. HR will assure that training for all care staff, medication techs and nurse has been completed.

Leatrice Grantham Executive Director



5/23/2016

Date

11-100.1-17(c)

Findings:

Resident #1 No incident report for "assisted fall" on 11/22/15. The physician was notified by fax.

The following actions were taken to correct this deficient practice: Incident report located dated 11/22/15 - printed and placed in binder.

Resident #1 No incident report for fall on 02/01/15. The resident sustained a skin tear to the right elbow. The physician was notified by fax.

The following actions were taken to correct this deficient practice:

Doctor was notified, TCP put into place. However, no initial incident report located, late entry report created and placed in binder.

Resident #2 Progress notes indicate resident fell on 11/13/15. No incident report in binder for fall on that date.

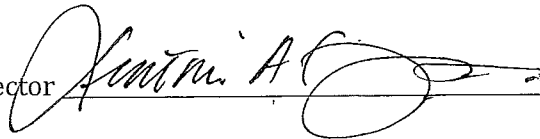
The following actions were taken to correct this deficient practice:

Incident report has been located and placed in binder.

11-100.1-17(c)

To prevent a similar deficiency from recurring, the Health and Wellness Director will re-educate the staff as to when and how to complete an Incident Report. The 24 Hour Daily/Census Report has been adjusted to include Incident Reports. The Health and Wellness Director or designee shall use the 24 Hour Daily Report as a guide for auditing Incident Reports to ensure the Incident Reports have been initiated, completed and filed. The Health and Wellness Director or designee will file the completed Incident Reports in the Incident Report binder stored in the Medical Records office.

Leatrice Grantham Executive Director



Date

5/22/2016

11-100.1-17 (f) (2)

Findings:

No legend for "LC" reflected on the December 2015 and January 2016 medication record.

The following actions have been taken to correct the deficient practice: In-service given on proper documentation when using symbols and/or abbreviates provided following this survey. Additional training to be provided April 2016.

To prevent future deficiencies: Oceanside ARCH/E-ARCH will assure that Symbols and abbreviations may be used in recording entries only if a legend is provided to explain the. All med techs and nurse who pass medication and all care staff who sign resident care sheet will show initial and signatures on the MAR and or care sheets as appropriate on the first day they work with the new forms for the month or at the time a new page is added. The primary care giver will assure that this task is completed as noted above.

11-100.1-19(d)

Findings:

Resident #2 Inventory of resident's possessions not current last update 12/2/2014.

The following actions were taken to correct this deficient practice: Resident #2 inventory has been up-dated 4/11/16

To prevent future deficiencies: An inventory of all current resident possessions will be done at time of admit and maintained regularly as possessions are brought into and taken out of the community. An annual audit shall be done to ensure that this inventory is accurate. The primary care giver will assure that this task is completed as noted above.

11-100.1-54 (1)

Findings:

No operational policies for the following: Alert Charting, Fall Monitoring, and Seizures.

The following actions were taken to correct this deficient practice: Policies have been put in place as follows:

On 2/18/16 a policy for Alert Charting was put in place.

On 2/18/16 a policy for Fall Monitoring was put in place.

On 2/18/16 a policy for Seizures was put in place.

To prevent future deficiencies: Oceanside Arch/E-ARCH will assure that in addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics: Nursing Services, Delegation and staffing pattern/ratio. This will be monitored by the executive director, the primary care giver to assure that these policies are in place and kept up to date.

Leatrice Grantham Executive Director



5/23/2016

Date

11-100.1-17(b) (3)

Findings:

Resident #1 Progress notes for March 2015-October 2015 did not include observations on the resident's response to "NCS, NAS, and regular thin liquids."

The following actions were taken to correct this deficient practice:

November and December monthly summery documentation found stating "tolerating current diet well", also in November monthly summary "resident consume 25% to 100% of her meals".

Resident #2 Progress notes for December 2015 did not include observations on the resident's response to regular diet.

11-100.1-17(b)(3)

To prevent a similar deficiency from recurring, the software program used for resident documentation includes an updated Monthly Summary/Progress Notes form which now includes the resident's response to diet. To ensure Monthly Summary/Progress Notes include the resident's response to the ordered diet and that the documentation is complete and accurate per state standard, the Health and Wellness Director or designee shall complete a monthly audit on all charts and review and screen for residents that do not meet normal meal/fluid intake parameters. The Health and Wellness Director or designee will file the completed Chart Audits in the "Monthly Chart Audits" binder stored in the Medical Records office.

11-100.1-54 (7)

Findings:

General operational policies did not include meal planning, food purchasing, meal preparation and referral and use of the Consultant Registered Dietitian.

The following actions were taken to correct the deficient practice:

On 2/18/16 a policy for Meal Planning was put in place.

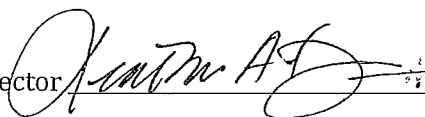
On 2/18/16 a policy for Food Purchasing was put in place.

On 2/18/16 a policy for Meal Preparation has been put in place.

On 2/18/16 a Policy for use of a Consultant Registered Dietitian was put in place.

To prevent future deficiencies: Oceanside ARCH/E-ARCH will assure that in addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational Policies on the following topics: Meal Planning, Food Purchase, Meal preparation and service and use of a Consultant Registered Dietitian. This will be monitored by the Executive Director to assure that the policies are in place and kept up to date.

Leatrice Grantham Executive Director



5/23/2014

Date

11-100.1-88(c)(2)

The deficiency was corrected by contacting the Case Management Agency with an update and request for a nutrition care plan indicating the resident was on NCS, NAS, regular consistency, thin liquids diet. The addendum to this care plan was filed in the resident's chart.

To prevent future deficiencies: Oceanside ARCH/E-ARCH will assure that Case management services for each expanded ARCH resident shall be chosen by the resident, residents' family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission.

The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident. The primary care giver will monitor all case management forms that have been received for expanded ARCH residents to assure that all areas of need have been addressed in the interim plan and the subsequent care plan. If areas of concern are observed by primary care giver a call will be placed to the company that has been chosen for the case manager to return to the community to complete the required plans. The primary care giver will document all attempts to contact the case manager to return to the community.

11-100.1-23 (h) (1) (D)**Findings:**

Bathroom between #108 and #109 had a strong urine odor.

The following actions were taken to correct the deficient practice: Daily routine cleaning schedule in place.

11-100.1-23(h)(1)(D)

To prevent a similar deficiency from recurring, the direct care staff were in-serviced by the Environmental Services Director on the location of stored cleaning solutions and cleaning equipment; how to identify the correct solution; how much solution to use and how often the solution should be changed. The direct care staff were instructed on how to clean bathrooms containing urine spillage/odor on an as-needed basis.

Janet Dornbierer/RN

Janet Dornbierer/RNDate: Aug 1, 2016

11-100.1-23 (h) (3)

Findings:

Bathroom between bedrooms #120 and #121 had no hand soap and no hand soap dispenser.

The following actions were taken to correct this deficient practice:

Dispenser in place.

To prevent future deficiencies: Oceanside shall comply with applicable state laws and rules to sanitation, health, infection control and environmental safety. All resident bathrooms have hand soap and hand soap dispensers, and the community will appropriately monitor and maintain dispensers daily.

11-100.1-23 (p) (5)

Findings:

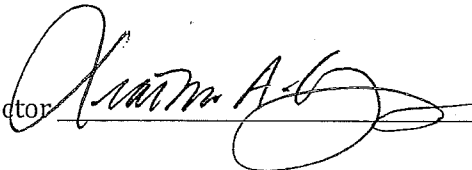
Bedroom #108 – no response to signaling device. Both bed #1 and #2 were tested.

The following actions were taken to correct this deficient practice:

Training on appropriate response to signaling of E-call has been done.

To prevent future deficiencies: Electronic signaling system/devices are provided for residents use at bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. Routine testing will be done to ensure that these systems/devices are operating properly. Staff training on properly responding when signaled has been done and will be continued to ensure quick response times. Executive Director will monitor response time report regularly, to ensure staff are responding to e-call within appropriate timeline.

Leatrice Grantham Executive Director



5/23/2016

Date