

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2017
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NAME OF PROVIDER OR SUPPLIER HALE MAKUA HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1540 LOWER MAIN STREET WAILUKU, HI 96793
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4 000	11-94.1 Initial Comments A recertification and state Licensure survey was conducted on 8/22/2017-8/30/2017. Census at the time of entry was 78.	4 000	Refer to attached document for detailed plan of corrections.	
4 115	11-94.1-27(4) 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: (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; This Statute is not met as evidenced by: Based on resident interview, the facility failed to treat and care for each resident in a manner and in an environment that promotes or enhances his or her quality of life recognizing each resident's individuality for 1 of 14 residents that were interviewed in the Stage 1 sample. Findings include: On 8/22/17 at 2:30 P.M. an interview was conducted with Resident #56. The resident reported there was a day when she requested a staff member rinse the tube that she uses for breathing treatment. Resident #56 stated the staff member got so angry and told the resident that she was busy serving breakfast. Resident	4 115		

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Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Interim Administrator	(X6) DATE 9/22/17
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C: FP 9-25-17; PR

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4 115	<p>Continued From page 1</p> <p>#56 shared that she felt "hurt" by this staff member; however, was unable to recall the staff member's name. Subsequently, Resident #56 reported the incident to the nurse. The nurse told her not to mind the staff member and would later inform staff members of the need to clean Resident #56's equipment after use.</p> <p>A review of Resident #56's quarterly Minimum Data Set with an assessment reference date of 7/2/17 notes the resident yielded a score of 15 (no cognitive impairment) on the Brief Interview for Mental Status.</p> <p>The facility did not treat Resident #56 with dignity upon the request for assistance to clean her equipment resulting in the resident feeling "hurt" by the staff member's response to the request.</p>	4 115		
4 149	<p>11-94.1-39(b) Nursing services</p> <p>(b) Nursing services shall include but are not limited to the following:</p> <p>(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;</p> <p>(2) Written nursing observations and summaries of the resident's status recorded, as</p>	4 149		

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4 149	<p>Continued From page 2</p> <p>appropriate, due to changes in the resident's condition, but no less than quarterly; and</p> <p>(3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided.</p> <p>This Statute is not met as evidenced by: Based on record review, interview with staff members and review of the facility's hospice contract, the facility failed to develop and implement a comprehensive person-centered care plan for 1 (Resident #56) of 13 resident care plans reviewed of the 29 residents in the Stage 2 sample.</p> <p>Findings include:</p> <p>Cross Reference to F309.</p> <p>Resident #56 was admitted to the facility with a contracted hospice provider services on 4/26/17. The record review found no documentation of a joint plan of care involving the facility and the hospice provider. The interviews conducted with staff members, hospice provider and resident found there was no coordination of services to ensure the resident received services to maintain her highest practicable physical, mental and psycho-social well-being</p>	4 149		
4 159	<p>11-94.1-41(a) Storage and handling of food</p> <p>(a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.</p> <p>(1) Dry or staple food items shall be stored above the floor in a ventilated room not subject</p>	4 159		

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4 159	<p>Continued From page 3</p> <p>to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and</p> <p>(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observation, interview with staff member and a review of the facility's policy and procedures, the facility failed to ensure food was stored in accordance with professional standards of food services safety.</p> <p>Findings include:</p> <p>1) On 8/22/17 at 10:10 A.M. an initial tour was conducted with the assistance of Staff Member #5. Observation found three metal pans on a cart of chopped meat with no label of the content and when it was prepped. Staff Member #5 identified the meat as pork and confirmed that the pans of meat required a label to indicate when it was prepped.</p> <p>Observation of walk-in refrigerator #4 found a thermometer at the entrance of the refrigerator which was read at 50 degrees Fahrenheit and another thermometer in the back of the refrigerator was 45 degrees Fahrenheit. The staff member reported the refrigerator temperature should be 41 degrees. In this refrigerator was a plastic container of commercial garlic in oil and a large plastic container of commercial oriental sesame seed dressing that were not labeled with an open date.</p> <p>A tour of the pantry found an opened box of white</p>	4 159		

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4 159	<p>Continued From page 4</p> <p>cake mix that was labeled with an open date of 12/4/16 and an opened box of devil's food cake mix with an open date of 7/29/17. Inquired how long will these dry cake mixes after opening last, the staff member tossed the two opened boxes of cake mix out.</p> <p>2) Subsequent observation was done on 8/29/17 at 8:30 A.M. Observation found the temperature in refrigerator #4 was 55 degrees Fahrenheit. Further observation found a small fan by the puree station with black substance on the fan propellers as well as on the front and back grids. A large standing fan was observed to have gray fluffy substance on the front and back grid of the fan.</p> <p>Observation of the vegetable and fruit prep area with Staff Member #6 and #7 was made and found a brown insect with long antennae on the wall close to the fly trap over the sink where papayas and lettuce were being prepped. Also observed a green insect on the outside of the screen. The staff members reported that previously the insects would go into the fly trap above the prep area and when zapped would land outside of the tray under the trap; however, this has been corrected.</p> <p>Concurrent observation and interview was done with Staff Member #5. The staff member confirmed the observations made by the surveyor. The staff member reported refrigerator #4 was no longer in use, the items were transferred to #5 and maintenance was called to check on this refrigerator. The staff member removed the small fan and agreed to call housekeeping to clean the large fan.</p> <p>Further observations with Staff Member #5 found</p>	4 159		

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4 159	<p>Continued From page 5</p> <p>a refrigerator with labeled food items with white labels affixed to it. The white label has areas to document the following: Product, Date, Prep By and Mgr. Inquired how does staff members use these labels as one small covered metal pan was labeled as "tuna filling" as the product and another tray containing prepared food items were labeled as "dinner". There was one pan of food with an expiration date written on the label. The other items were not labeled with expiration dates. Further queried what is the instruction for documenting the "date", the staff member responded the prep date. The staff member further clarified prepared/perishable foods are discarded after 3 days; however, other food items are discarded based on the manufacturer's expiration date. The staff member further reported the facility utilizes a system for dry storage and for refrigerated items. The dry storage is labeled with the date it comes in, the date the item is first used and then the expiration date is based on the manufacturer's expiration date. The prepared food items are labeled with the date it is made then the date it is to be thrown out (which is three days from the preparation date). The staff member commented the labeling is "confusing".</p> <p>A review of the facility's policy entitled "Food Storage" notes under procedures: "Each item is clearly labeled and dated before being refrigerated. All stock and supplies will be labeled and date when opened...perishable foods are used within 2-3 days or discarded...refrigeration, temperatures should be between 34-41 degrees Fahrenheit..."</p> <p>The facility failed to ensure the refrigerator was in working order to maintain the appropriate temperature and expired items were discarded.</p>	4 159		
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4 159	Continued From page 6 Also, the facility failed to develop a consistent system for labeling food items to identify the product and the date of preparation with discard date.	4 159		
4 189	11-94.1-46(f) Pharmaceutical services (f) The physician, physician assistant, or APRN shall review all orders at the time of the visit to the resident. This Statute is not met as evidenced by: Based on record review and interview with staff members, the facility failed to ensure irregularities are reported to the attending physician and these reports must be acted upon for 1 (Resident #18) of 5 residents reviewed for medication regimen. Findings include: Resident #18 was admitted to the facility on 10/20/05 with admission diagnoses of cerebral arteriosclerosis; vascular dementia with delusion; aphasia; and diabetes mellitus. On 8/24/17 at 11:00 A.M. a review of the pharmacist drug regimen review was done. The review found documentation dated 4/7/17 by the pharmacist requesting the resident's physician review the medication regimen to assure medications are sufficient to control symptoms and progression of illness, but are not excessive in number as the resident receives more than 9 medications. There is no further documentation of whether the physician reviewed the resident's medication regimen and made any recommendations. On 8/25/17 at 9:10 A.M. concurrent record review	4 189		

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4 189	<p>Continued From page 7</p> <p>and interview was done with Staff Member #4. The staff member reported the notes from the pharmacist is provided to the attending physician, the physician will sign the note and document any recommendations then the completed note is sent via facsimile to the pharmacist. The staff member reported the nurse may document the recommendation in the resident's electronic record. Staff Member #4 confirmed there is no documentation of the physician's response to the pharmacist's request to review the resident's medications.</p> <p>On 8/25/17 at 9:48 A.M. an interview was conducted with Staff Member #8. The staff member reported the pharmacist's recommendations/notes are usually uploaded in an attachment and sent to the physician for review, then the physician will respond. On 8/25/17 at 10:31 A.M., the staff member provided a copy of the "Note to Attending Physician/Prescriber" notification dated 4/7/17 which did not include a response from the physician. The staff member also confirmed there is no documented response from the resident's physician.</p> <p>The facility did not ensure the attending physician responded to the pharmacist's request to review Resident #18's medications</p>	4 189		
4 197	<p>11-94.1-46(n) Pharmaceutical services</p> <p>(n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy.</p>	4 197		

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4 197	<p>Continued From page 8</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain proper labeling on medication for Resident #41 on one unit of the facility.</p> <p>Findings include:</p> <p>During medication administration observation on the morning of 8/29/17 at approximately 11:20 A.M., Staff #9 provided Resident #41 with Tramadol. The blister pack noted, "Tramadol 50 mg 1 tab orally every 6 hours as needed". However, the physician's order noted, "Tramadol 50 mg 1 tab orally three times daily". Staff #9 noted the order was changed and Resident #41 now received Tramadol 50 mg orally three times daily. Staff #9 noted that the facility was using the rest of the medications from the "as needed" order but should've placed a sticker on the blister pack to note the order had changed. The blister pack did not have a sticker to note the order had been changed.</p> <p>An interview of Staff #4 on the morning of 8/30/17 at approximately 10:30 A.M. revealed the staff should've placed a sticker on the blister pack for Resident #41 stating the order had changed.</p>	4 197		
4 218	<p>11-94.1-55(e) Housekeeping</p> <p>(e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair.</p> <p>This Statute is not met as evidenced by: Based on observations, the facility failed to provide housekeeping services to maintain a clean and comfortable interior.</p>	4 218		

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4 218	<p>Continued From page 9</p> <p>Findings include:</p> <p>On 8/22/17 during the lunch meal observed green curtains drawn closed across the buffet in the dining room. There were round spots and splatter marks on the curtain. The area of the curtain with the majority of the stain marks was next to the table where Resident #16 dines.</p> <p>On 8/28/17 at 11:43 A.M. concurrent observation of the green curtains in the dining room was made with Staff Member #2. Inquired what those spots were, the staff member reported the area where the female resident sits is probably due to the resident spilling coffee. The staff member reported that there isn't a schedule of when the curtains are cleaned or changed; however, they can call for it to be cleaned.</p> <p>On 8/28/17 at 11:56 A.M. concurrent observation was done with Staff Member #3. The staff member acknowledged the stains and was agreeable to call housekeeping to have the curtains cleaned. The staff member was also agreeable to follow up on a schedule for curtain cleaning.</p>	4 218		

State Regulation	Plan of Correction
<p>4 115-11-94.1-27(4) RESIDENT RIGHTS AND FACILITY PRACTICES</p>	<p><u>Immediate Action Taken:</u> 8/31/17: Nursing staff cleaned resident #56 breathing equipment as requested by resident. Resident #56 care plan updated to reflect resident's preference for more frequent cleaning of breathing equipment. 8/31/17 – 9/8/17: Nursing Administration met with all nursing staff to address the importance of meeting resident requests, and appropriate ways in which to respond to a resident when they are unable to immediately meet the resident's request due to attending another resident's needs.</p> <p><u>Future Preventative Action:</u> 9/8/17 – 10/31/17: IDT will continue to develop care plans in accordance with each individual's preferences. Nursing Administration to perform quality assurance interviews with residents to ensure that staff are meeting their requests in a respectful and timely manner. Concerning trends shall be reported to the QAPI committee for further action determination. Medical equipment will continue to be cleaned regularly as per policy by the Equipment Coordinator. Administrator to attend Resident Council meetings on an on-going basis for purposes of obtaining resident feedback on staff meeting their needs in a respectful and timely manner. Concerns will be addressed with each individual resident immediately.</p>
<p>4 149-11-94.1-39(b) NURSING SERVICES</p>	<p><u>Immediate Action Taken:</u> 8/31/17-9/8/17: IDT evaluated Island Hospice plan of care with Facility plan of care and developed a joint plan of care that reflects the collaboration of care services being provided to resident #56 by both parties.</p>

<p>4 149-11-94.1-39(b) NURSING SERVICES (continued)</p>	<p><u>Future Preventative Action:</u> 9/8/17-10/31/17: IDT will develop a joint plan of care in collaboration with Hospice provider upon admission to Hospice services. Care plan shall reflect collaboration of care and specific resident centered preferences for care in order for resident to maintain highest practicable physical, mental, and psycho-social wellbeing. Care plans will also reflect the specific roles of the hospice staff providing care to the resident, and will reflect collaboration of care services between facility and hospice provider. Care plans will be audited frequently to ensure collaboration of services, and concerning trends will be reported to the QAPI committee for further action determination. Hospice staff will continue to be invited to attend Resident Care Conferences (RCC) and additional family meetings for purposes of collaboration on the plan of care.</p>
<p>4 159-11-94.1-41(a) STORAGE AND HANDLING OF FOOD</p>	<p><u>Immediate Action Taken (Food Storage):</u> 9/5/17: Nutrition Services Director met with all Kitchen department supervisors regarding process for dating and labeling of all items in the kitchen. Meetings were then held with staff in groups and supervisors continue to work individually with kitchen employees on the proper way of dating and labeling of all items in the department. 9/12/17: Nutrition Services Director revised the policy and procedure on food storage to include:</p> <ol style="list-style-type: none"> 1. All items received will have a date placed on the outside of the box, package, etc. This is to ensure that items are being rotated, first-in, first-out. Unopened items already have an expiration on the packaging per manufacturing company. 2. Upon opening a box, package, or container, etc. an opening date and expiration date will be placed on the item. This will inform staff when the item needs to be discarded.

Hale Makua Health Services- Wailuku Facility
 1540 East Main Street
 Wailuku, HI 96796
 Provider Number: 125056
 Plan of Corrections-State Citations
 Survey Period: 8/22/17-8/30/17

<p>4 159-11-94.1-41(a) STORAGE AND HANDLING OF FOOD (continued)</p>	<ol style="list-style-type: none"> 3. If an item needs to be repackaged, it will be labeled with the opened date, expiration and what the item is. 4. All food items made in the kitchen will be labeled with item identification, the date and expiration and what meal it will be used for. <p><u>Future Preventative Action (Food Storage):</u> 9/5/17-10/31/17: New labelling equipment will be purchased under capital budget allocation for purposes of providing clearly legible and consistent food labelling. Nutrition Services Supervisors will continue to do department checks during daily kitchen inspections to ensure staff are following the policy and procedures and are compliance with the plan of corrections. Nutritional Services Supervisors will perform corrective action with regards to sanitary conditions / food safety by doing follow-up and education/training with individual staff involved. Concerning trends related to food storage will be reported to the QAPI committee for further action determination.</p> <p><u>Immediate Action Taken (Kitchen Fans):</u> 8/31/17: All fans in the kitchen were removed and cleaned and/or replaced as necessary. Other fans in the immediate area were also inspected and cleaned and/or replaced as necessary.</p> <p><u>Future Preventative Action (Kitchen Fans):</u> 9/5/17 – 10/31/17: Environmental Services (EVS) shall now clean all fans located in the kitchen and food preparation areas on a weekly basis and also as needed based on routine inspections. Nutritional Services Supervisors will be inspecting cleanliness of fans in the kitchen and food preparation areas during daily rounds, and will notify EVS if fans are in need of cleaning. Cleaning schedule will be re-evaluated by Nutritional</p>
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<p>4 159-11-94.1-41(a) STORAGE AND HANDLING OF FOOD (continued)</p>	<p>Service Supervisor if weekly schedule is found to be insufficient. Concerning findings during routine inspections will be reported to the QAPI committee for further action determination.</p> <p><u>Immediate Action Taken (Pest Control):</u> 8/31/17: Insect noted near bug light during survey inspection was located and disposed of. Nutritional Services Director met with all kitchen staff to inform them of presence of insect, and were re-educated on process to follow when pests are observed in kitchen areas. i.e.) Remove pest, notify Maintenance to schedule pest control service as necessary. 8/31/17-9/5/17: Inspections performed of kitchen and food prep area to identify further presence and/or evidence of pests. No further concerns were observed. 9/5/17: Bug light was removed from position over food prep area and relocated to a different area where food is not being prepped.</p> <p><u>Future Preventative Action (Pest Control):</u> 9/5/17 – 10/31/17: Monitoring for evidence/presence of pests will be done on a daily basis by supervisors during kitchen rounds. Actions will be taken if evidence/presence of pests is noted, including review and revision of preventative plan. Contracted pest control services will continue to be provided on a monthly and as needed basis. Concerns related to pest control will be reported to the QAPI committee for further action determination.</p> <p>Immediate Action Taken (Refrigerator): 8/31/17: Food removed from refrigerator with temperature of 53 degrees F and placed in refrigerator with appropriate temperature range. Work order placed to the maintenance department and refrigerator was repaired and has been observed with appropriate temperature ranges since.</p>
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<p>4 159-11-94.1-41(a) STORAGE AND HANDLING OF FOOD (continued)</p>	<p><u>Future Preventative Action (Refrigerator):</u> 9/5/17-9/8/17: In-services held with all kitchen staff to remind them of process when refrigerator is out of recommended temperature range. i.e.) Remove food to alternate refrigerator with appropriate temperature range, notify maintenance. 9/5/17-10/31/17: Refrigerator and freezer temperatures will continue to be checked for appropriate ranges daily, and interventions implemented if concerns are noted. Staff will be provided with on-going reminders during staff meetings on importance of monitoring of temperatures and procedures to follow if temperatures are out of range. Concerns regarding temperature maintenance and monitoring will be reported to the QAPI committee for further action determination.</p>
<p>4 189-11-94.1-46(f) PHARMACEUTICAL SERVICES</p>	<p><u>Immediate Action Taken:</u> 8/31/17: Recommendation from Pharmacist for resident #18 was forwarded to the attending physician for review as per usual process. Physician elected not to make changes to the resident's medication regime and documented reasons in the clinical record. 8/31/17 – 9/8/17: DON requested additional copies of pharmacy requests made that month to ensure all other pharmacy recommendations were addressed. No concerns were noted.</p> <p><u>Future Preventative Action:</u> 9/8/17 – 10/31/17: Process for pharmacy recommendations will be adjusted so that the facility receives both hard copy and electronic copies of pharmacy recommendations. These recommendations will now go to Nursing Administration so that oversight of follow-up process can be monitored and ensured. IDT will also audit the record at least quarterly and as needed to ensure that pharmacy recommendations are being addressed in a timely manner. Any noted concerns will be reported to the QAPI committee.</p>

Hale Makua Health Services-Wailuku Facility
1540 East Main Street
Wailuku, HI 96796
Provider Number: 125056
Plan of Corrections-State Citations
Survey Period: 8/22/17-8/30/17

<p>4 197-11-94.1-46(n) PHARMACEUTICAL SERVICES</p>	<p><u>Immediate Action Taken:</u> 8/31/17: Sticker indicating “Directions Changed, Refer to Physician Order” was placed on the blister pack whose label did not reflect the current physician order. Interviews with staff determined that resident had been receiving the correct dose as ordered on the Medication Administration Record, and did not receive the incorrect dosage as stated on the blister label.</p> <p>8/31/17 – 9/8/17: Nursing Administration performed reminder in-services to all licensed nurses regarding the current policy and procedure that must be followed when a medication order changes and the labelling is no longer accurate. Neighborhood Supervisors performed inspection of all blister packs to ensure they matched the current physician order and/or had a sticker indicated that the order had changed. No other incorrect blister pack labels were found.</p> <p><u>Future Preventative Action:</u> 9/8/17- 10/31/17: Nursing Administration to perform routine inspection of drug storage and labelling to ensure adherence to the policy/procedure. Concerns will be reported to the QAPI committee.</p>
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