

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2017
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NAME OF PROVIDER OR SUPPLIER CLARENCE TC CHING VILLAS AT ST FRANCIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2230 LILIHA STREET HON, HI 96817
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4 000	Initial Comments A re-licensing survey was completed on 11/17/2017. There were 89 residents for the facility census at the entrance conference.	4 000	See Attached	
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 electronic medical record reviews (EMR) and staff interviews, the facility failed to do a comprehensive nursing assessment, and develop and implement a plan of care for the use of insulin within five days of admission.	4 149		

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 2018 JAN -4 P 1:48
 STATE OF HAWAII
 DOH-OHCA MEDICARE

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

[Signature]

TITLE
[Signature]

(X6) DATE
01/04/2018

4.18. -wan to SS, bn

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4 149	<p>Continued From page 1</p> <p>Findings include: On 11/16/2017 at 10:19 AM reviewed R#526's EMR, as the resident was sampled for unnecessary medications. The current physician orders for R#526 included: Citalopram 20 mg tab daily for the diagnosis of major depression, Lantus Solostar 100 unit/ml (3 ml) SQ insulin pen daily for the diagnosis of diabetes mellitus without complications, and Novolog Flexpen 100 units/ml SQ 3 times daily.</p> <p>The resident's care plans (CP) included, "At risk for bleeding and easy bruising R/t aspirin and Lovenox (d/c 11/12) status-post fall with left ankle fracture with interventions to monitor for signs of bleeding in stool, urine and sputum; and, "Has diagnosis of depression and is receiving antidepressant drugs on a regular basis," with interventions to monitor for side effects of medication (constipation, dry mouth, anxiety, agitation, headache, falls).</p> <p>The resident's medication administration record (MAR) included: Enoxaparin 40 mg/0.4 ml SQ syringe order date: 11/07/17 ; Discontinued 11/08/17 Lantus Solostar 100 unit/ml (3 ml) SQ insulin pen (24 U) insulin pen one time daily starting 11/07/17 Order Date: 11/07/17, ICD-10 : type 2 diabetes mellitus w/o complications, sliding scale insulin: Blood sugar is <70.00 notify MD; NovoLog Flexpen 100 unit/ml SQ (7 U) insulin pen (ML) SQ three times daily starting 1/07/17; discontinued: 11/08/17; Notes: Hold and notify MD with Blood sugar <70 give with meals; Restarted order date on 11/15/2017. NovoLog Flexpen 100 unit/ml subcutaneous (10 units) insulin pen (ML) SQ three times daily starting 11/08/17; discontinued 11/15/17; Notes:</p>	4 149		

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4 149	<p>Continued From page 2</p> <p>Hold and notify MD with Blood Sugar <70.</p> <p>The resident experienced low BS readings on: 11/13/17 at 17:00, BS 71 mg/dl ; and 11/15/17 at 17:00, BS 60 mg/dl.</p> <p>The resident's initial intake dated 11/07/17 included the CP, "Functional/ADL Decline/Goal: Improve functional decline to prior status." A concurrent EMR review with Staff#65 was done to verify if there were any other CPs. Staff#65 mentioned that the facility had 14 days to complete assessments for the CP, but the initial intake CP usually included the resident's diagnoses that needed close monitoring. Staff#65 stated that Staff#49 would answer questions regarding CP for insulin use, as the facility utilized different tools to communicate and that CNA's referred to each resident's Kardex.</p> <p>On 11/16/2017 at 2:01 PM reviewed R#526's EMR concurrently with Staff#26. Staff#26 pulled up the Kardex for R#526 which had written on it, "Inform RN immediately re: S/S of hypo/hyperglycemia: excessive sweating, hunger, thirst, confusion, lethargy... According to Staff#26, a CP was not done for insulin use and the facility was still within the 21 days timeframe to complete a comprehensive CP. Staff#26 also stated that the resident's diagnosis of DM II treated with insulin was not included in the comprehensive CP developed, because other disciplines like dietary needed to complete an assessment.</p> <p>On 11/16/17 the CP, "Risk for hypo or hyperglycemic reactions d/t insulin dependent type 2 diabetes," was completed after surveyor inquiry. The CP interventions included: "administer insulins and antidiabetic medications</p>	4 149		

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4 149	<p>Continued From page 3</p> <p>as ordered; dietitian consult as needed for diabetic diet education; Monitor wt's as ordered. Notify MD and RD of sig wt changes; Observe for and report S/S of hypoglycemia; shakiness, nervousness, irritability, clamminess, confusion, dizziness, rapid heartbeat and breathing; and Accucchecks TID." Inquired of Staff#26 if R#526 had a dietary assessment completed and she was unable to find one in the EMR.</p> <p>The facility did not do a comprehensive nursing assessment nor CP intermediate steps to manage blood sugar levels with R#526's diagnosis of DM II treated with insulin.</p>	4 149		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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4 149 Nursing Services

1. Care plan was updated to reflect guest's current assessment regarding the utilization of insulin to control blood sugar levels by MDS/Designee.
 - Completion Date: 11/18/17
2. Guest with insulin orders will be audited to ensure initial assessment and care plan properly addresses insulin medication by Nurse Managers/Designee.
 - Completion Date: 11/18/17
3. The initial care plan process will be reviewed and revised as indicated to ensure Licensed Nursing Staff address residents' assessed insulin issues. Licensed Nursing Staff and MDS Nursing staff will be re-educated regarding assessment of proper initial care plan relating to insulin usage to control blood sugar levels by DON/Designee.
 - Completion Date: 1/8/18
4. An audit will be completed monthly to assess that accurate assessment and timely insulin care plans have been developed. Results of the audits will be reported to the QA committee for review and follow-up as indicated by DON/Designee.
 - Completion Date: 1/8/18