

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2017
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NAME OF PROVIDER OR SUPPLIER PU'UWAI 'O MAKAHA	STREET ADDRESS, CITY, STATE, ZIP CODE 84-390 JADE STREET WAIANA, HI 96792
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4 000	Initial Comments A re-licensure survey was conducted by the state agency at the facility from 10/30 - 11/3/2017. At the time of entrance the resident census was 76.	4 000	See attachment POC	
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, staff interview and record review, the facility failed to allow 1 of 31 residents (Resident #68) in the Stage 2 Sample List choose when to get up in the morning. Findings include: During a resident interview, on 10/31/2017 at 09:34 AM, Resident (R) #68 said that he does not choose what time to get up in the morning, staff wake him up in the morning because "that's the rules". When asked, R #68 said that he asked the nursing staff to wake him up later. An interview with the Activities coordinator on 11/01/2017 revealed that residents are	4 115	STATE OF HAWAII DOH-OHCA MEDICARE RECEIVED 2017 DEC 21 P 2:40	

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

Mary Beth S. Dr

TITLE

Administrator

(X6) DATE

12/21/17

C: 12-22-17 to BS: dr

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4 115	Continued From page 1 questioned about their daily preferences during the initial assessment into the facility. The questions on the resident assessment instrument (RAI) ask if it's important to choose their own bedtime. The information from the assessment is implemented in the residents Care Plan and Kardex where it is put on the daily schedule. On 11/02/2017 11:09 AM review of the Kardex revealed the resident's preferences are to rise after breakfast. Review of Minimum Data Set (MDS) comprehensive assessment with Assessment Reference Date of 1/12/2017, Section F Preferences for customary routine and activities, interview for daily preferences revealed that there is no preference for a wake up time included in the assessment. The facility failed to allow R #68 to choose when to wake up in the morning.	4 115		
4 144	11-94.1-37(c) Social work services (c) Social work services provided to each resident shall be documented in each resident's medical record and shall include but not be limited to: (1) A social history and assessment of current social and emotional needs; (2) A social work plan of care for each resident recorded in the medical record and integrated into the comprehensive assessment and overall care plan coordinated or integrated with other various disciplines; (3) A discharge plan, as appropriate; and	4 144		

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4 144	<p>Continued From page 2</p> <p>(4) Evidence of regular review of social work services and discharge plan in conjunction with the overall plan of care.</p> <p>This Statute is not met as evidenced by: Based on record review, resident and staff interview the facility failed to verify information that 1 resident of 31 residents (Resident #123), on the Stage 2 Resident Sample List, provided and placed on their Care Plan (CP), failing to maintain the highest practicable physical, mental and psychosocial well-being of resident.</p> <p>Findings include:</p> <p>On 11/01/2017 at 1:29 PM Resident (R) #123 electronic medical record (EMR) review found that R#123 was admitted on 8/3/2017 at 12:55 PM with following Dx: Alcoholic hepatitis with ascites, paralysis of vocal cords and larynx, unspec., encounter for palliative care, dorsalgia unspec., bacterial infection unspec., enterocolitis due to clostridium difficile, benign prostatic hyperplasia without lower urinary tract symp, Bipolar disorder, unspec., Major Dep. Disorder, single episode, unspec. It was noted that resident was receiving Hospice services. During EMR review it was found that resident recently had made amends with his family, whom he had not been in contact with for many years due to his alcoholism. Noted on resident's CP problem has "...Have family involved in care." with goal that resident "...will have care provided to him according to his express preferences" and interventions listed is "Encourage his family to be involved in his care." Other problems listed throughout resident's CP are "...feeling depressed and bad about himself, not sleeping at night, and having a poor appetite", "...ETOH ascites with</p>	4 144		
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4 144	<p>Continued From page 3</p> <p>end of life Hospice care...", "...dehydration risk d/t recent UTI..." and "... states he is sad due to the recent news of his father's death."</p> <p>On 11/01/2017 at 3:10 PM interviewed hospice nurse and social worker who were at the facility to work with R#123. Quiered how resident was handling the recent passing of his father the hospice staff were bewildered. Hospice nurse stated that she had spoken with resident's father that day to give him an update on the resident's health. Requested that staff #30 show R#123 CP to hospice staff to verify information on CP. After verifying the information that was on the CP, that R#123's "father recently passed away", hospice nurse, hospice SW and surveyor went to talk with R#123. Hospice nurse reassured resident that she had spoken with his father that morning. Hospice nurse called resident's father on her cell phone and let him speak to his father on speaker phone. Resident looked relieved and was happy. Hospice nurse believes that resident may have had a nightmare, believed that his father had passed away and shared that information with staff who was around.</p> <p>On 11/01/2017 interviewed staff #30 to find out who had added the information to R#123's CP. This information was added to resident's CP on 10/30/2017 by staff #92.</p> <p>On 11/01/2017 at 3:47 PM interviewed staff #92 who stated that she had believed what the resident had told her, that his father had passed away and had not verified this with the resident's family. Staff #92 agreed that R#123's family is easy to contact, does want to be involved with resident's care and a phone call could have been made to verify that the information provided by this resident was accurate. Staff #92 was</p>	4 144		
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4 144	Continued From page 4 reminded that due to the resident's progressing terminal illness he may have periods of confusion. The facility failed to verify a death of a family member before placing this information on a resident's CP, failing to maintain the highest practicable physical, mental and psychosocial well-being of resident.	4 144		
4 177	11-94.1-44(a) Specialized rehabilitation services (a) The facility shall provide for specialized and supportive rehabilitation services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each resident, either directly by qualified staff or through arrangements with qualified outside resources. Services shall be programmed to: (1) Preserve and improve the resident's maximal abilities for independent function; (2) Prevent, insofar as possible, irreversible or progressive disabilities; and (3) Provide for the procurement and maintenance of assistive devices as needed by the resident to adapt and function within the resident's environment. This Statute is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to provide range of motion and treatment services to increase range of motion and/or prevent further decrease in range of motion for 1 of 31 residents (Resident #94) on the Stage 2 Resident Sample list.	4 177		

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4 177	<p>Continued From page 5</p> <p>Findings include:</p> <p>Interview with Resident #94 (R#94) on 11/01/17 at 1:00 P.M. who stated he does not receive any range of motion to his right hand. R#94 had a right hand splint on and stated he tries to move his hand on his own as he is able to lift his arm in the air.</p> <p>Interview on 11/01/17 with certified nurse aide, working with R#94, stated that she does not do range of motion with resident.</p> <p>Record Review on 11/01/17 revealed that the resident had a careplan that stated to "Provide Range of Motion (ROM) prior to applying and after removing splint. Apply right hand splint daily for 6-8 hours as tolerated. Splint can be removed for bathing and ADL care. Check skin integrity before and after application and notify charge nurse (CN) for any problem."</p> <p>Interview with physical therapy found that they inserviced all the certified nurse aides on the floor regarding treatment. In service attendance records revealed the signatures of staff members from the floor who was inserviced.</p> <p>During interview with Staff #93 discussed the discrepancy of care not provided according to the careplan and Occupational Therapy Upper Extremity Splint Schedule recommendations of therapy for R#94. Staff #93 stated that they would "look into this".</p> <p>The facility failed to provide ROM for R#94 to increase ROM and or prevent further decrease in ROM as stated in their care plan.</p>	4 177		
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4 197	Continued From page 6	4 197		
4 197	11-94.1-46(n) Pharmaceutical services	4 197		
	<p>(n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy.</p> <p>This Statute is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to label insulin in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for 8 of 31 residents (R#5, 31, 47, 55, 70, 75, 84 and 89) on the Stage 2 Resident Sample List.</p> <p>Findings include:</p> <p>On 11/01/2017 medication storage was done with Staff #37. Staff #37 stated that, "once we opened the insulin it is good for 28 days". Upon further observation and inventory of the insulin kept in drug cart #1, there were seven insulin medications without expiration dates. These seven insulin orders were for Resident #31 (R#31), R#47, R#55, R#70, R#75, R#84 and R#89. Staff #37 stated that we calculate as we go.</p> <p>Upon further investigation, it was noted another staff member did include the expiration date; however, the 28 day count for three of their insulin orders were incorrect. On cart #1, R#5 date opened was 10/3/17 and the date on the bottle state: Expired 10/31/17. Staff #37 stated that it was off by one day and that this medication is only given in the afternoon and was not given</p>			

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4 197	<p>Continued From page 7</p> <p>today, so it was not a med error. It is given by the night shift.</p> <p>On cart #2, staff #56 counted the 28 day for R#89's second insulin order which was incorrect. R#89's date opened on Lantus bottle was documented to be 10/27/17 and expiration date stated 11/25/17 which should have been 11/23/17. Cart #2 also showed R#84 had an open date of 10/27/17 and expiration date of 11/28/17 which is incorrect by five days.</p> <p>Findings were shared with Staff #115 who agreed that practice was inconsistent and could lead to drug errors.</p>	4 197		
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12/18/17

POC POM

4 115 Resident Rights and Facility Practices

1. Resident 68 was interviewed and re-educated regarding waking preferences.
 - Completion date: 12/18/17
2. Residents able to make their preferences known were interviewed and educated by Activity Director to determine if they were aware of the ability to establish a time to get up. Kardex has been updated to reflect preferences.
 - Completion date: 12/22/17
3. Activity Director and Ward Clerk were re-educated regarding the establishment of resident preferences regarding wake-up times. Activities or designee will address choices on admission, quarterly, and upon request.
 - Completion date: 12/22/17
4. Preference changes for wake-up times will be monitored and logged by. The log will be reviewed by the QA committee monthly and additional actions implemented if indicated.
 - Completion date: 12/28/17
 - Responsible Party: Activity Director and/or designee

4 144 Social Work Services

1. Social Services received verification of the status of Resident 123's family member and updated the Care Plan with accurate information.
 - Completion date: 11/4/17
2. Residents were reviewed by Social Services to determine if any non-verified family member passing had been care planned.
 - Completion date: 11/6/17
3. Social Services was educated regarding the need to verify family member deaths prior to placing problems and interventions on the care plan. Reported family member passing will be reviewed during morning meetings to ensure verification.
 - Completion date: 11/6/17
4. Care Plans will be reviewed per the RAI schedule and accuracy regarding the status of family members verified by MDS. Any noted deviations will be reported to the Administrator immediately for review and follow-up as indicated.
 - Completion date: 12/28/17
 - Responsible Party: MDS Nurse and/or designee

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4 177 Specialized Rehabilitation Services

1. Staff member was re-educated by Resident Care Manager regarding resident 94's range of motion program.
 - Completion date: 11/4/17
2. DON or Designee will re-educate the nursing staff on the principles and performance of range of motion. Monthly 25% of the staff will be audited to ensure the ability to demonstrate and verbalize range of motion programs.
 - Completion date: 12/28/17
3. Efficacy of residents' range of motion programs will be audited quarterly per the RAI schedule by the MDS nurse or designee to ensure maintenance of current or improvement of functional status. Noted declines will be referred to therapy for program updates if a decline in function is identified.
 - Completion date: 12/28/17
4. QA committee will review audits and provide additional follow-up as indicated.
 - Completion date: 12/28/17
 - Responsible Party: DON and/or designee

4 197 Pharmaceutical Services

1. Insulin was labeled with correct expiration dates.
 - Completion date: 11/4/17
2. DON inspected and updated as indicated insulin medication for accurate labeling and instructions.
 - Completion date: 11/4/17
3. Licensed nursing staff was re-educated by DON regarding proper labeling and instructions for insulin medication. RNs will audit medication storage routinely to ensure proper medication labeling.
 - Completion date: 11/4/17
4. Results of the audits will be provided to the QA committee for review and to determine effectiveness of current process. Further interventions will be initiated if indicated.
 - Completion date: 12/28/17
 - Responsible Party: DON and/or designee