

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 95 Kaneohe Bay Drive, Kailua, Hawaii 96734	Inspection Date: March 15 & 16, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS Resident #1 – Readmitted on 5/2/15 requiring maximum assistance with transfer (2 person), use of a wheelchair for mobility, maximum assistance with activities of daily living, incontinent and needs to be fed by care givers. The level of care was not appropriate for readmission.</p>	<p>Our plan for this correction is simple: Since March, 2016 and for all future admissions, we will use the LOC evaluation form and physician's orders only to determine whether we can admit a resident.</p> <p>In 2013, during our final pre-licensing stages, there was a lot of confusion regarding our emergency plan and our area of refuge. In a meeting with DOH, we learned that we're the only care home (in Hawaii) whose building is coded in such a way as to allow residents to remain in their rooms with windows/doors closed rather than be capable of getting themselves to an outside area of refuge in the event of an emergency. And our residents aren't required to sign a self-preservation statement. Mistakenly, we factored this into our admissions. The March survey revealed our misunderstanding; it is clear to us now that the building code is irrelevant when it comes to determining admissions. We will contact our Office of Health Care Assurance (OHCA) registered nurse (RN) consultant if we have any questions regarding future admissions.</p>	3/17/2016
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Lysol disinfecting spray was unsecured in the bathroom for</p>	<p>Lysol disinfectant spray will be kept out of the residents rooms and kept only on the cleaning cart on each floor. We placed a laminated sign on the cleaning cart that reminds the care staff to leave them only on the cart when not in use. We will also do weekly checks to ensure they are not improperly stored in residents rooms.</p>	3/17/2016
	Bedroom #1 and #9.	We will also place stickers on the Lysol bottles that state "Do Not Store in Residents Rooms."	3/17/2016

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS On 3/16/16, the medication cart was unlocked with the key in the locking device.</p>	<p>We immediately counseled the caregiver who was the medication passer on duty for that medication cart. We reminded her of the importance of not leaving the medication cart unlocked and explained the magnitude of the error; coaching was completed on 3/15/16.</p> <p>A medication refresher class was provided to the caregiver regarding "Storing Medications", and the caregiver was signed off on that training again on 3/17/16.</p> <p>We will do routine checks several times daily to ensure the medication cart locks are safe. We also used this as a learning opportunity for the rest of the caregivers by reminding them verbally in endorsement (shift report) meetings.</p>	<p>03/17/2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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 Resident #1 – Progress notes for September 2015 (completed on 10/14/15) did not reflect the "open sore to coccyx area" noted on the incident report dated 9/8/15.</p> <p>Resident #1 – Progress notes for January 2016 (completed on 2/11/16) did not include the date the resident sustained a "cut" to the right arm. The incident report was dated 1/9/16.</p> <p>Resident #1 – No progress notes for incidents on 3/7/16 (skin tear) and 3/10/16 (found on the floor under the table).</p>	<p>When incidents occur, an incident report will be filled out immediately by the first caregiver responder. If needed, 911 will be called for further evaluation. The resident's family and primary care physician (PCP) will also be contacted to be notified about the incident. The incident report will then be faxed to our staff nurse for review and evaluation. The primary care giver (PCG) will document a progress note in the resident's chart within a few days (2-3 days) to notate the incident and any recommendations by resident's PCP and/or staff nurse regarding the incident.</p>	<p>3/17/2016</p>
	<p>Resident #1 – No progress notes for incident on 6/8/15 when staff noticed resident's "left side of face swollen and lips was stucked (sic) in looked very droopy, called Hishiko's name a few times and wasn't very responsive." "After repositioning her, facial expression & awareness improved." "Called hospice 3x's and no answer. Called 3 different numbers @ 1205 am." "Spoke to hospice nurse (no date)..." Documentation noted on the incident report.</p>	<p>The staff nurse may also document a progress note in the resident's chart if further assessment, evaluation, intervention/plan, etc., is needed.</p> <p>The PCG or staff nurse will document additional progress notes, if needed, regarding resident observations and outcomes of care.</p>	<p>3/17/2016</p>

	<p>Resident #1 – Progress notes completed on 7/13/15 (for June 2015) reflected “On 6/7/15, staff noted scratches to right shoulder from being itchy.” Progress notes did not reflect interventions, if any, to relieve the itching or that the physician was informed.</p> <p>Resident #1 – Progress notes completed 6/10/15 (for May 2015) reflected “On 5/31/15, reported blister to buttock area.” Progress notes did not reflect interventions, observations, and outcome.</p> <p>Resident #2 – Progress notes are not completed immediately when an incident occurs. For example:</p> <ul style="list-style-type: none"> • For 2/22/16 fall, progress notes completed on 3/2/16. • For 1/7/16 fall (found on the floor), progress notes completed 2/11/16. • For 12/2/15 fall (found on the floor), progress notes completed on 1/15/16. 	<p>To prevent future occurrences, we have re-trained all staff on the proper way to complete a Progress Note. We've also added a step in the Incident Report procedure: The nurse shall review all Incident Reports and confirm that Progress Notes have been completed for each incident.</p> <p>The PCG shall also review all Progress Notes and Incident Reports daily to ensure nothing has been missed and that the Progress Note was completed correctly.</p>	<p>4/7/17</p> <p>17 APR 21 AM 3</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(9) During residence, records shall include:</p> <p>Correspondence pertaining to the resident's physical and mental status.</p>	<p>Upon faxing documents, a fax report (a separate sheet of paper from the fax machine that states the date and time a fax was sent), or using a "faxed" stamp (stamping the faxed document plus writing in the date and the initials of person that faxed the documents) will be used. These documents will be placed in the resident's chart as proof that it was faxed.</p> <p>If a return response is needed, these documents will stay in the resident's chart until the completed/signed documents are faxed back.</p>	<p>3/17/2016</p>
	<p><u>FINDINGS</u> Resident #2 – On 10/16/15, the Endocrinologist ordered “Fax BG readings in 3 weeks.” No documentation that the order was carried out.</p>		<p>3/17/2016</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><u>FINDINGS</u> Dining tables for wheelchair residents did not have 29-inch clearance. Clearance for six (6) tables on the 1st floor ranged from 27-27 ¼ inches. Clearance for the table on the 2nd floor was 26 inches.</p>	<p>Table risers were purchased and are being fitted onto all dining room tables to raise them to the minimum required 29 inch height measurement.</p> <p>Once completed, wheelchairs will have accessibility to fit under the tables in addition to the bar counter.</p>	<p>7/1/2016</p>	
	<p>To prevent a similar occurrence from happening in the future, 2 measurements of new tables shall be taken by 2 different people.</p>	<p>April 6, 2017</p>		
	<p>The head of Maintenance shall do one measurement, and the PCG shall perform the second measurement, to ensure accuracy.</p>			
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (i) All in service training and other educational experiences for employees and primary and substitute care givers shall be documented and kept current.</p> <p><u>FINDINGS</u> No documentation of in-service training for seizure precautions, oxygen use, c-pap use and hypo-/hyperglycemia.</p>	<p>Training handouts were reviewed verbally with all on-going caregivers. The names of the caregivers were documented and they were given credit for each training.</p> <p>As new residents arrive with, or current residents develop new care needs, proper training, and policy and procedures will be incorporated for all caregivers.</p> <p>We have assigned the trainings for these topics and all training will be completed by 8/1/2016.</p>	<p>8/1/2016</p>	
	<p>To prevent future occurrences, we keep a list of specific trainings necessary to meet resident needs. This list is evaluated every 6 months and with each new resident admission. The PCG evaluates the list and the nurse reviews the evaluation. Staff are trained upon hire and/or upon resident admission, if needed. Annual re-training shall be conducted, as well. Documentation of training is completed by the PCG and reviewed by the nurse.</p>	<p>4/7/17</p>		

☒	<p>§11-100.1-54 <u>General operational policies. (1)</u> In addition to the requirements in section 11-100.1-7, the</p>		
	<p>Type II ARCH shall have general operational policies on the following topics:</p> <p>Nursing services, delegation and staffing pattern/ratio;</p> <p><u>FINDINGS</u> No general operational polices for nursing services – Seizure precautions, fall precautions, oxygen use, hypo-/hyperglycemia, medication disposal and contaminated sharps disposal.</p>	<p>Please see attached operational policies for the following nursing services:</p> <ul style="list-style-type: none"> -Seizures -Fall Prevention & Management -Oxygen Use -CPAP -Hyperglycemia/Hypoglycemia -Medication Disposal -Sharps Disposal <p>A Office of Health Care Assurance (OHCA) binder was created to keep all of these operational policies together for easy accessibility.</p>	<p>6/10/2016</p>
		<p>To ensure there are general operational policies for all nursing services, we've added specific policies relevant to servicing our current resident population. As new residents are admitted, these policies are evaluated by the PCG and the nurse to ensure they are adequate for all residents. Should new policies be needed, the PCG and nurse shall identify those policies, create and maintain them, and train staff following the POC (for 11-100.1-53) described above.</p>	<p>4/7/17</p> <p>11/17/17 APR</p>
☒	<p>§11-100.1-54 <u>General operational policies. (2)</u> 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>Medication administration;</p> <p><u>FINDINGS</u> No general operational policy for medication administration.</p>	<p>Please see attached operational policies for the following:</p> <ul style="list-style-type: none"> -Medication Administration <p>This operational policy was added to our new Office of Health Care Assurance (OHCA) binder for easy accessibility.</p>	<p>6/10/2016</p>
☒	<p>§11-100.1-13 <u>Nutrition. (1)</u> Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – “Regular, pureed diet” ordered 2/4/16; however, the resident was served whole pancake and a whole boiled egg for breakfast on 3/15/16.</p>	<p>We will be diligent in reminding care staff of the correct diet. Diet cards were updated and are placed on each residents tray at the time of preparation to ensure compliance. Staff also goes through a diet training prior to working their first shift at the home. During resident #1's appointment with her primary care physician on 4/19/16, the use of bread products in her diet was clarified; resident is able to have bread products in her diet.</p>	<p>4/19/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – “Regular, pureed diet” ordered 2/4/16; however, the resident was served whole pancake and a whole boiled egg for breakfast on 3/15/16.</p>	<p>To prevent a future occurrence, staff shall, upon hire and semi-annually thereafter, undergo Special Diet training specific to our residents' special diets and general definitions related to Special Diets preparation.</p> <p>The chef is responsible to ensure the Special Diet cards are used as a tool to ensure the special diet is served accurately to the resident (lunch and dinner meals). The SCG is responsible for utilizing the special diet cards to ensure the special diet breakfast meal is served accurately. All documentation of serving the special diet accurately is the responsibility of the SCG. The nurse monitors the documentation on a daily basis.</p>	4/7/17
☒	<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><u>FINDINGS</u> Resident #1 – Progress notes did not include observations on the need for feeding assistance during meals.</p>	<p>At the end of each month, diet summaries (which will include resident's response to diet orders, and level of feeding assistance) will be documented in the progress notes, and added onto the monthly nursing summaries. These will be readily available in the residents chart by the end of the current month.</p>	3/17/2016
		<p>To prevent a future occurrence, all staff have undergone re-training on writing Progress Notes, and the Progress Notes form has been updated to cue/guide the writer on what must be included. When the PCG enters the monthly weight in the Progress Notes, at that time the need for feeding assistance shall be reviewed and if no entry has been documented since the last weight log, it shall be done at this time and entered with the weight entry.</p> <p>The nurse shall review resident progress notes on a monthly basis to ensure observations on the need for feeding assistance is documented.</p>	4/18/17

<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> <p>Meal planning, food purchase, meal preparation and service, and referral and use of consultant registered dietitian;</p> <p>FINDINGS Policy and procedures did not include topics on meal planning, food purchases, meal preparation and services, and referral and use of a consultant registered dietitian. Submit a copy with the plan of correction.</p>	<p>Please see attached operational policies for the following: -Meal Planning -Food Purchase -Meal Preparation and Service -Use of Registered Dietitian</p> <p>These operational policies were added to the kitchen Office of Health Care Assurance (OHCA) binder for easy accessibility.</p>	<p>6/10/2016</p>	
		<p>To prevent future occurrences, we have placed all policies and procedures which include topics on meal planning, food purchases, meal preparation and services, and referral and use of a consultant registered dietitian in our Kitchen Binder. As backup, we have placed these in an electronic file for immediate retrieval, should they be removed from the binder.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p>	<p>We have been communicating with our registered dietitian (RD) on a monthly basis when resident weights are reported. Information regarding any residents with open areas are also included in this report to the RD so that further nutritional assessment can be determined. If RD determines that diet changes are necessary, the</p>	<p>3/17/2016</p>	
	<p>FINDINGS Resident #1 – The consultant registered dietitian was not utilized to provide nutritional assessment for “open sore to coccyx area” as noted on the incident report dated 9/8/15.</p>	<p>information will be shared with the resident's Primary Care Physician (PCP) for approval, then implemented.</p>	<p>3/17/2016</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) 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>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u> Bedroom #8 & #9 – Strong urine smell.</p>	<p>All soiled linen will be taken out immediately to the laundry room for soaking. If this cannot be done right away, caregivers will place soiled laundry in a tied up odor shield bag until it can taken into the laundry room.</p> <p>Resident's room windows will be ventilated and ceiling fan turned on to assist with circulation to rid of odor.</p>	<p>3/17/2016</p>	
		<p>To correct this deficiency, we immediately removed the soiled items from the plastic bag in the residents' rooms and washed them, using the sanitation cycle of the washing machine. We also opened the resident's sliding door to the outside and turned on the fan to assist with air circulation and the removal of odors. To prevent a future occurrence, we reviewed with staff the process for soiled clothing/bedding, which includes immediately opening the sliding door and turning on the fan, placing the items in a plastic bag and taking them to the laundry room, then thoroughly wiping down the area with a disinfectant cloth and allow to air dry. In the laundry room, the soiled items are placed into a bin (labeled with resident's name/room #) and soak them with detergent and warm water. The next shift is assigned to launder any soaking bin items in the sanitizer cycle.</p>	<p>3/17/16</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(C) 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>Floors in resident areas shall be cleaned at least once daily;</p> <p><u>FINDINGS</u> Bedroom #11 & #12 – Bathroom floors are stained.</p>	<p>Floors are to be swept with a broom daily and a Swiffer Wet Mop is to be used on resident's bathroom tile floor daily.</p> <p>When stains appear, a commercial bleaching soft scrub is used by our maintenance manager; this is done on an as needed basis but checked quarterly.</p> <p>When cleaning is being done in a resident's room, the resident is moved to the common area until the room is completely free from fumes.</p>	<p>3/17/2016</p>	

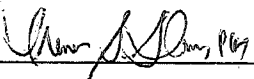
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(C) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping: Floors in resident areas shall be cleaned at least once daily;</p>	<p>The deficiency was corrected that afternoon by utilizing BarKeeper's Helper (or a similar mildly abrasive cleaner/deodorizer product) and a scrub brush or scrub-side of a sponge to clean the porous, non-slip tile.</p> <p>Our cleaning procedure includes daily wet-mopping using floor cleaner and monthly "deep-cleaning" of resident bathroom floors. The process described in the paragraph above is part of the monthly deep-cleaning procedure.</p>	<p>3/16/17 8:00 PM APR 21 AM 1:55</p>
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<input checked="" type="checkbox"/>	§11-100.1-23 <u>Physical environment.</u> (h)(1)(D)		Date
	<p>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: All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><u>FINDINGS</u> Bedroom #19 – Toilet ceiling vent dusty.</p>	<p>Common lavatory is cleaned and deodorized on a daily basis.</p> <p>A Swifter Duster is available on facility cleaning carts. Dusting of the lavatory vents will be added to the daily cleaning task list.</p> <p>Maintenance manager will do quality checks on a monthly basis.</p>	<p>3/17/2016</p>

Licensee's/Administrator's Signature: 

Print Name: Irene Simon, PCG

Date: 6/20/2016

Licensee's/Administrator's Signature: 

Print Name: Irene S. Gacula

Date: 4/17/17

APR 21 AM 11:55
S. GACULA
DORCHESTER COUNTY