

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2018
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NAME OF PROVIDER OR SUPPLIER ARCADIA RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1434 PUNAHOU STREET HONOLULU, HI 96822
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	Initial Comments A re-licensure survey was conducted by the Office of Health Care Assurance on May 29, 2018 through June 1, 2018. A census of 78 was reported when the surveyors entered the facility.	4 000		
4 054	11-94.1-6(d)(1)(2) Licensing (d) The most current licensing statement of deficiencies and plan of correction shall be kept on file in the facility, and the facility shall: 1) Make the statement of deficiencies and plan of correction available for examination in a place readily accessible to residents; and 2) Post a notice of the availability of the statement of deficiencies and plan of correction. This Statute is not met as evidenced by: Based on interview with resident council representatives and a review of the council minutes found the residents were not aware of how to examine the results of the most recent survey conducted by the State surveyors. Findings include: On 5/31/2018 at 2:30 PM an interview was conducted with representatives from the resident council. The representatives were not aware of where to locate the findings of the most recent survey conducted by the State surveyors.	4 054	Social Worker met with R127, R60, R1, R19 and R229 by 6/28/18 and informed them (1) they have the right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the Facility, and (2) of the location of the results in the "Right to Know" Information Center on each wing. Social Worker documented discussion in each resident's medical record by 6/28/18. The Facility identified all residents having the potential to be affected by the same deficient practice. On 7/2/18 a Resident Council Meeting was held. One of the topics discussed was informing the	7/6/18

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

TITLE

(X6) DATE
07/06/18

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4 054	Continued From page 1	4 054	<p>residents,(1) that they have the right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the Facility, and (2) the location of the results in the "Right to Know" Information Center on each wing. For those residents who chose not to attend the Resident Council Meeting, members of the IDT reviewed this information with the resident and/or resident representative by 7/6/18.</p> <p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are:</p> <p>Upon admission to the Facility, the Social Worker/Designee will review the Health Care Center Handbook with each resident, specifically highlighting they have the right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the Facility, and the location of the results in the "Right to Know" Information Center on each wing. The Resident and/or Resident Representative must sign the Handbook Acknowledgement Form which is housed in the resident's medical record.</p> <p>The resident's right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the Facility, and the location of the results in the "Right to Know" Information Center on each wing, is now included in the monthly Resident Council</p>	

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4 054	Continued From page 2	4 054	<p>Meeting. The Social Worker spoke with Resident Council President on 6/26/18 suggesting incorporating this information into each meeting agenda (and reflected in the minutes) and the Resident Council President agreed.</p> <p>Social Worker/Designee will review resident's right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the Facility, and the location of the results in the "Right to Know" Information Center on each wing, at time of Resident Rights survey completed every 6 months.</p> <p>The corrective actions will be monitored to ensure that the deficient practice will not recur are:</p> <p>Concerns and recommendations voiced during the Resident Council meeting, care plan meetings and resident rights surveys will be addressed and monitored by the Social Worker and Administrator, and tracked and trended through Facility's QAPI and QA Programs and Abaqis.</p>	
4 114	<p>11-94.1-27(3) Resident rights and facility practices</p> <p>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</p>	4 114		7/6/18

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4 114	<p>Continued From page 3</p> <p>request. A facility must protect and promote the rights of each resident, including:</p> <p>(3) The right to be fully informed, both orally and in writing in a language understood by the resident, or in a manner that allows for the resident's understanding, of the resident's rights and all rules and regulations governing resident conduct and responsibilities;</p> <p>This Statute is not met as evidenced by: Based on interview with residents and a review of the resident council minutes, the facility failed to provide ongoing communication to residents regarding their rights.</p> <p>Findings include:</p> <p>On 5/31/2018 at 2:30 PM an interview was done with the resident council representatives assembled by Staff Member 37. The representatives were asked whether the staff review the rights of residents in the facility. One representative reported, she recalls receiving the rights when admitted to the facility. However, the other residents could not recall whether their rights were periodically reviewed with them.</p> <p>A review of the "Resident Council Minutes" provided by the facility on 5/30/2018 found documentation of six rights that were reviewed with the residents on 11/28/2017. The residents in the interview were not participants in the resident council meeting in November 2017.</p>	4 114	<p>Social Worker met with R127, R60, R1, R19 and R229 by 6/28/18 and informed them both orally and in writing, in a language that the residents understood, of their rights and all rules and regulations governing resident conduct and responsibilities during their stay in the Facility. Social Worker documented discussion in each resident's medical record by 6/28/18.</p> <p>The Facility identified all residents having the potential to be affected by the same deficient practice. On 7/2/18 a Resident Council Meeting was held. One of the topics discussed was informing the residents, both orally and in writing, in a language that the residents understand, of their rights and all rules and regulations governing resident conduct and responsibilities during their stay in the Facility. For those residents who chose not to attend the Resident Council Meeting, members of the IDT reviewed this information with the resident and/or resident representative by 7/6/18.</p> <p>Measures and systemic changes that will</p>	

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4 114	Continued From page 4	4 114	<p>be implemented to ensure this deficient practice does not recur are:</p> <p>Upon admission to the Facility, the Social Worker/Designee will review the Health Care Center Handbook with each resident, specifically highlighting Residents' Rights. The Resident and/or Resident Representative must sign the Handbook Acknowledgement Form which is housed in the resident's medical record.</p> <p>A Resident Rights overview is now included in the monthly Resident Council Meeting. The Social Worker/Designee spoke with Resident Council President on 6/26/18 suggesting to incorporate a few Resident Rights into each meeting agenda (and reflected in the minutes) and the Resident Council President agreed.</p> <p>Social Worker/Designee will review Resident Rights with each resident at time of Resident Rights survey completed every 6 months.</p> <p>The Activities Department has incorporated "Resident Rights Bingo" into a group activity that is held at least once a month.</p> <p>The corrective actions will be monitored to ensure that the deficient practice will not recur are concerns and recommendations voiced during the Resident Council meeting, care plan meetings and resident rights surveys will be addressed and monitored by the Social Worker and Administrator, and tracked and trended through Facility's QAPI and QA Programs</p>	

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4 114	Continued From page 5	4 114	and Abaqis.	
4 115	<p>11-94.1-27(4) Resident rights and facility practices</p> <p>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:</p> <p>(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;</p> <p>This Statute is not met as evidenced by: Based on observation, staff and resident interview, the facility failed to treat residents with respect and dignity when a resident (R5) felt that staff didn't listen and rushed her and another resident (R64) had to ask housekeeping staff for assistance with his lunch.</p> <p>Findings include:</p> <p>1. An interview of R5 on the morning of 5/29/18 at 11:02 AM found the residents expressing, "I feel like I'm being pushed around. Like I don't have a choice." R5 reported that the Certified Nurses Aides (CNAs) did not listen to her. R5 stated that the CNAs will tell her that if she needs something at a certain time, she'll have to wait because they're busy.</p>	4 115	<p>Resident #5 was discharged from Health Care Center on 6/12/18.</p> <p>Director of CNA Services (DCNAS) met with R64 on 6/26/18 regarding the lunch meal he received late on 5/29/18. DCNAS asked resident if he was satisfied with the assistance and timeliness of his meals since the change in how meals were delivered to the residents which started on 6/11/18. Resident responded he was satisfied with meal service. DCNAS informed R64 that the Facility is currently recruiting CNAs to assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes</p>	7/6/18

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4 115	<p>Continued From page 6</p> <p>2. On 05/29/18 at around 1245, while walking in the hallway past R64's door, R64 was overheard talking with the housekeeper asking for assistance, asking for his lunch and stating that he was hungry. R64 was seen earlier in the dining room but he had not eaten his lunch when the meal trays were delivered and was now watching tv in his room. Asked a passing CNA if resident was going to be assisted with his lunch and she stated "right after I help this resident" as CNA walked into the other resident's room who had pressed the call light. R64 was assisted with his lunch at 1259 after licensed staff was asked if R64 was going to be assisted with his meal. Licensed staff thought R64 had eaten earlier in the dining room. Facility reported lunch time for third floor was 11:45 AM. This day it was noted that trays were delivered to the units later than usual, per facility stated lunch times, as the kitchen reported problems with their warmers.</p>	4 115	<p>each residents rights, physical, mental and psychosocial well-being. She further shared that upon review of the Facility's staffing needs, it was determined that staff assistance during peak times, which includes meals, if needed. Therefore, during the interim, until permanent staff have been hired, oriented and trained, the Facility has engaged Agency CNAs to assist Monday <input type="checkbox"/> Friday as available. Additionally, DCNAS informed R64 that the method in which meals are delivered to residents in the Health Care Center has changed so that CNAs are able to concentrate on resident care. On 6/28/18, Social Worker completed Resident Rights Survey with R64 and resident stated he was satisfied with the dining experience in the Facility.</p> <p>Other residents in the Facility having the potential to be affected by the deficient practice have been identified through a 100% audit of all residents in the Facility. Members of the Interdisciplinary Team (IDT) completed a 100% audit inquiring with residents on satisfaction of delivery of and timeliness of ADL care by 7/6/18. If residents expressed any concerns, they were addressed at that time. By 7/6/18 all staff were in-serviced on Resident Rights - (1) that each resident has the right to be treated with dignity and respect, (2) all activities and interactions with residents by any staff, temporary agency staff or volunteers must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's goals, preference and choices, (3) when</p>	

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4 115	Continued From page 7	4 115	<p>providing care and services, staff must respect each resident's individuality, as well as honor and value their input.</p> <p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are:</p> <p>During quarterly care plan meetings, DCNAS will inquire regarding quality and timely assistance with ADL services. Additionally, DCNAS will continue to address these concerns as they arise from resident and/or resident representative or staff observations/feedback.</p> <p>The Facility is currently recruiting CNAs to assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being. Upon review of the Facility's staffing needs, it was determined that staff assistance during peak times, which includes meals, if needed, therefore, during the interim, until permanent staff have been hired, oriented and trained, the Facility has engaged Agency CNAs to assist Monday <input type="checkbox"/> Friday as available. Additionally, the method in which meals are delivered to the residents in Health Care Center has changed so that CNAs are able to concentrate on resident care.</p> <p>At the time of admission, quarterly, and annually, the Social Worker reviews the process in which resident is able to file a grievance so that they are able to freely</p>	

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4 115	Continued From page 8	4 115	<p>voice concerns, which includes how to contact the Long Term Care Ombudsman.</p> <p>Upon completion of Resident Rights Survey by Social Worker, negative responses will be reviewed and addressed at daily stand up meeting the following day.</p> <p>The corrective actions will be monitored to ensure that the deficient practice will not recur are:</p> <p>DCNAS/Designee will conduct random weekly ADL audit to observe and ensure proper delivery of ADLs. Results will be reported and reviewed every other week during the Performance Improvement Committee (PIC) meeting.</p> <p>During quarterly care plan meetings, DCNAS will inquire with resident and/or resident representative about quality and timeliness of ADL delivery and address concerns at that time.</p> <p>Results of Resident Rights survey will be monitored, tracked and trended through the Facility's QAPI and QA Programs.</p> <p>Call light response will be tracked weekly to identify trends and will be discussed at daily stand-up meeting. IDT to discuss trends and possible areas of improvement. Results of call light response will be reported at quarterly QA meeting.</p>	

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4 120	Continued From page 9	4 120		
4 120	<p>1-94.1-27(9) Resident rights and facility practices</p> <p>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:</p> <p>(9) The right to names, addresses, and telephone numbers of pertinent resident advocacy groups;</p> <p>This Statute is not met as evidenced by: Based on interview with resident council member representatives and a review of the resident council minutes, the facility failed to ensure residents are aware of how to contact the Ombudsman and State Agency to file a complaint.</p> <p>Findings include:</p> <p>On 5/31/2018 at 2:30 PM an interview was done with representatives of the resident council. The representatives were not aware of how to contact the Ombudsman or State Agency to file a complaint. A review of the "Resident Council Minutes" found no documentation of contact information for the Ombudsman or State Agency. The representatives were not aware of the location for the posting of this information.</p>	4 120	<p>Social Worker met with R127, R60, R1, R19 and R229 by 6/28/18 and informed them they have the right to contact and file a grievance/complaint with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program. Social Worker documented discussion in each resident's medical record by 6/28/18.</p> <p>The Facility identified all residents having the potential to be affected by the same deficient practice. On 7/2/18 a Resident Council Meeting was held. One of the topics discussed was informing the residents they have the right to contact and file a grievance/complaint with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program. For those residents who chose not to attend the Resident Council Meeting, members of</p>	7/6/18

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4 120	Continued From page 10	4 120	<p>the IDT reviewed this information with the resident and/or resident representative by 7/6/18.</p> <p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are:</p> <p>Upon admission to the Facility, the Social Worker/Designee will review the Health Care Center Handbook with each resident, specifically highlighting they have the right to contact and file a grievance/complaint with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program. The Resident and/or Resident Representative must sign the Handbook Acknowledgement Form which is housed in the resident's medical record.</p> <p>The resident's right to contact and file a grievance/complaint with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program, is now included in the monthly Resident Council Meeting. The Social Worker spoke with Resident Council President on 6/26/18 suggesting incorporating this information into each meeting agenda (and reflected in the minutes) and the Resident Council President agreed.</p> <p>Social Worker/Designee will review resident's right to contact and file a grievance/complaint with agencies acting as client advocates, including, but not</p>	

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4 120	Continued From page 11	4 120	<p>limited to, the State Survey Agency and the State Long Term Care Ombudsman Program with each resident at time of Resident Rights survey completed every 6 months.</p> <p>The corrective actions will be monitored to ensure that the deficient practice will not recur are:</p> <p>Concerns and recommendations voiced during the Resident Council meeting, care plan meetings and resident rights surveys will be addressed and monitored by the Social Worker and Administrator, and tracked and trended through Facility's QAPI and QA Programs and Abaqis.</p>	
4 125	<p>11-94.1-27(14) Resident rights and facility practices</p> <p>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:</p> <p>(14) The right to personal privacy and confidentiality of personal and clinical records;</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to ensure a resident's right to personal privacy was provided for Resident 68.</p> <p>Findings include:</p>	4 125	<p>DCNAS followed up with R68 on 7/3/18 to inquire if resident's privacy is being respected and if she prefers to have the bathroom door open/ajar or closed when providing care. R68 responded at that</p>	7/6/18

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 125	Continued From page 12 On 5/30/2018 at 9:00 AM, Resident 68 (R68) was found in a sitting position with her knees up to her chest scooting on the floor in the direction of the door. The resident was asking for help as she wanted to use the toilet. Upon discovering the resident on the floor, assistance was requested of staff member, two staff members assisted the resident off the floor and the Certified Nurse Aide placed the resident on the toilet. At 9:15 AM a male staff member from maintenance entered the resident's room to check on the inoperable call light. Upon entering the resident's room with the male staff member, it was observed the bathroom door was left ajar and R68 could be seen sitting on the toilet.	4 125	<p>time I don't know. Due to resident's cognitive deficits and hearing impairment, staff will also show resident a sign asking her preference on whether resident prefers the door open or closed each time care is provided in the bathroom <input type="checkbox"/> at that time she is able to make her needs known. DCNAS further informed R68 that if the bathroom door is closed, the main entry door will remain open and when personal care is provided in R68's room, the privacy curtain will be closed to respect resident's privacy.</p> <p>All staff were in-serviced by 7/6/18 about (1) asking resident how they would like the bathroom door positioned each time they assist a resident with personal care in the bathroom <input type="checkbox"/> if resident prefers the door ajar, the main entry door will be closed and if the resident prefers the door closed, the main entry door can remain open, and (2) that when personal care is provided in resident's room, the privacy curtain will be closed to respect resident's privacy.</p> <p>All staff, including maintenance, housekeeping, dining, wellness and programs were in-serviced by 7/6/18 on room-entry etiquette in order to respect resident's privacy.</p> <p>The facility identified other residents having the potential to be affected by the same deficient practice by performing a 100% audit of all residents by (1) asking if their privacy is being upheld and respected during personal care and (2) informing them that when staff provide personal care in the resident's room, if</p>	

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4 125	Continued From page 13	4 125	<p>resident prefers the door ajar, the main entry door will be closed and if the resident prefers the door closed, the main entry door can remain open. Residents and/or resident representatives were provided information on how to file a grievance.</p> <p>All staff were in-serviced by 7/6/18 about (1) asking resident how they would like the bathroom door positioned each time they assist a resident with personal care in the bathroom <input type="checkbox"/> if resident prefers the door ajar, the main entry door will be closed and if the resident prefers the door closed, the main entry door can remain open, and (2) that when personal care is provided in resident's room, the privacy curtain will be closed to respect resident's privacy.</p> <p>All staff, including maintenance and housekeeping, were in-serviced by 7/6/18 on room-entry etiquette in order to respect resident's privacy.</p> <p>Measures or systemic changes that will be put into place to ensure that the deficient practice will not recur are:</p> <p>During quarterly care plan meetings, IDT will ask residents and/or resident representatives if they have any concerns regarding privacy, dignity or respect. IDT will remind resident and family representative about process of filing a concern or grievance and also offer information regarding the Long-Term Care Ombudsman.</p> <p>Social Worker will ask residents and/or resident representatives if they have any</p>	

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4 125	Continued From page 14	4 125	concerns regarding privacy, dignity or respect during the Resident Rights survey every 6 months. Corrective action will be monitored to ensure the deficient practice will not recur through DCNAS/Designee conducting random weekly ADL audit to observe and ensure proper delivery of ADLs and privacy being respected during personal care. Results will be reported and reviewed every other week during the Performance Improvement Committee (PIC) meeting and tracked and trended through Facility's QAPI and QA Programs and Abaqis.	
4 131	<p>11-94.1-29(b) Resident abuse, neglect, and misappropriation</p> <p>(b) All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source or origin, and alleged misappropriation of resident property shall be reported immediately to the administrator of the facility, and to other officials in accordance with state law through established procedures.</p> <p>This Statute is not met as evidenced by: Based on interview with family member and staff members and a review of the facility reported incident, the facility failed ensure that all staff are aware of reporting requirements and alleged violation is reported to the State Agency and adult protective services within 24 hours.</p> <p>Findings include:</p>	4 131	<p>R23 was interviewed on 7/2/18 by the DCNAS and Administrator In Training to ensure R23 feels safe living in Facility and satisfied with care. R23 indicated that she was satisfied with the care she is receiving and she feels safe.</p> <p>The two staff members involved in the</p>	7/6/18

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4 131	<p>Continued From page 15</p> <p>On 2/20/2018 at 11:18 AM a facsimile was sent to the State Office regarding an allegation of staff to resident abuse. The documented date of event was 2/18/2018 at 9:30 AM. The alleged violation was that Staff Member 144 (SM144) slapped Resident 23 (R23) in the face. An interview was done with Staff Member 136 (SM136) on 5/31/2018 at 7:56 AM. Inquired how the facility became aware of the incident. SM136 replied the alleged perpetrator was the final reporter when a text was sent to the Director of CNA Services on 2/18/2018 at 5:31 PM to inform staff that R23 bit him on the arm during transfer. A review of the completed Event Report submitted by the facility notes on 2/19/2018 at 8:00 AM an interview was conducted with Staff Member 145 (SM145). It was during this interview that SM145 reported witnessing SM144 slapping R23 across her face during transfer. SM144 also reported she did not witness R23 bite SM144 as he had reported. Although SM145 witnessed SM144 slap the resident, this was not identified as physical abuse therefore, it was not reported as required.</p> <p>A review of a written witness statement dated 2/21/2018 by Staff Member 104 (SM104) notes she was asked by SM145 to assist with the transferring of R23. At this time SM104 reports SM145 informed her that SM144 slapped R23. There is no documentation of SM104 reporting this allegation to anyone.</p> <p>Subsequently, the facility reported the alleged incident of 2/18/2018 at 9:30 AM to the State Agency on 2/20/18 at 11:18 AM via facsimile. On 5/31/2018 at 7:56 AM further queried SM136 whether a report was made to adult protective services. SM136 replied a report was not made to adult protective services as the facility did not</p>	4 131	<p>incident are no longer employed by the Facility.</p> <p>Investigative Team was in-serviced on 6/29/18 on how to conduct a thorough investigation using the Incident & Abuse/Neglect Checklist/Tracking Process.</p> <p>The Facility identified that all residents have the potential to be affected by the same deficient practice.</p> <p>All staff was in-serviced by 7/6/18 regarding their duty to immediately report alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property so that Facility Administrator is able to report incident to State Survey Agency and/or Adult Protective Services no later than 24 hours after the incident occurred.</p> <p>The measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur are:</p> <p>Upon hire, annually and as needed, all staff (including agency CNAs) will be in-serviced on the revised Facility's Resident's Rights - Abuse, Neglect & Exploitation Policy which includes their duty to immediately report alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property so that Facility Administrator is able to report incident to State Survey Agency and/or</p>	

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4 131	Continued From page 16 confirm the allegation of abuse.	4 131	Adult Protective Services no later than 24 hours after the incident occurred. Upon hire, annually and as needed, all staff receive training on the "Freedom from Abuse, Neglect and Exploitation: Respect Resident Rights, Individuality and Dignity" during annual employee training. Additionally, reminders of what to do when observing abuse (SPOT) is located on staff name badges and posted throughout the Facility's staff bathrooms. The corrective action will be monitored to ensure the deficient practice will not recur through the Facility's Investigative Team and Corporate Compliance Officer will review each investigation upon completion to ensure a thorough investigation was conducted. Tracking and trending of event reports will be performed through the Facility's Quality Assurance Program and use of Abaqis on a quarterly basis to determine if emerging trends appear to identify areas of improvement or success.	
4 132	11-94.1-29(c) Resident abuse, neglect, and misappropriation (c) The resident involved and the resident's family, legal guardian, or surrogate shall be informed of the alleged violation and the investigation that is being conducted. This Statute is not met as evidenced by: Based on interview with family member and staff member, record review and review of the facility's	4 132	On 7/3/18, Social Worker attempted to call R23's son, but no response. On 7/5/18,	7/6/18

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4 132	<p>Continued From page 17</p> <p>incident report, the facility failed to notify resident's representative of the allegation of abuse.</p> <p>Findings include:</p> <p>On 2/24/2018, the facility submitted a completed "Event Report" via facsimile to the State Agency of an allegation of physical abuse. The allegation involves, Staff Member 144 (SM144) slapping Resident 23 (R23) in the face after the resident bit SM144. A review of the event report documents on 2/20/2018 at 11:14 AM a message was left for R23's son.</p> <p>On 5/29/2018 at 3:45 PM an interview was conducted with R23's son. Queried resident's son if he was aware of any incidents of abuse. The resident's son stated that he has received report of his parent biting somebody and he had to talk to his parent. The son further recalled that he believes his parent bit a manicurist downstairs but his parent does not remember what happened.</p> <p>A record review could not find documentation in the electronic medical record (EMR) of notification to the resident's son regarding the allegation of physical abuse. Further query was made to Staff Member 136 (SM136) on 6/1/2018. The staff member reported there is no documentation of the notification to the resident's son regarding the alleged abuse in the EMR; however, the "Event Report" documents a message was left for the resident's son on 2/20/18 at 11:14 AM.</p>	4 132	<p>Social Worker attempted to contact R23's son again and son answered stating that he was out of the country and would not return until the week of 7/9/18. He stated that he will call Social Worker the week of 7/9/18 to schedule a time to meet. When Facility meets with R23's son the week of 7/9/18, the Facility plans to review event that occurred on 2/18/18 involving R23 which includes a question on whether or not Licensed Nurse informed him on 2/20/18 of incident that involved R23. Facility plans to further explain that the Facility must immediately inform the resident, consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is (1) an incident involving the resident which results in injury and has the potential for requiring physician intervention, (2) a significant change in the resident's physical, mental or psychosocial status, (3) a need to alter treatment significantly, and (4) a decision to transfer or discharge the resident from the facility. It will be shared that moving forward if R23 is involved in any of the above mentioned scenarios, he will be notified/informed immediately and documentation will be placed in the R23's medical record.</p> <p>The facility identified other residents having the potential to be affected by the same deficient practice by reviewing all event reports since 1/1/18. Audit, performed on 6/27/18, of all events reported to OHCA showed that resident representatives were notified and notification was documented in each</p>	

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4 132	Continued From page 18	4 132	<p>resident's medical record.</p> <p>The measures put into place or systemic changes made to ensure that the deficient practice will not recur are all licensed nurses, CNAs, Ward clerks, activity aides, and IDT members were in-serviced by 7/6/18 on proper completion of incident report, which includes timely notification of resident representative following scenarios mentioned above. Additionally, Licensed Staff were re-educated on documenting timely notification of resident representative in the resident medical record.</p> <p>The Facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not recur by DON/Designee to review resident medical record following an incident, within 24 hours, to ensure that proper and timely notification to resident representative occurs. Upon review by DON/Designee, if notification was not given, staff member will be in-serviced and/or counseled.</p>	
4 133	<p>11-94.1-29(d) Resident abuse, neglect, and misappropriation</p> <p>(d) The facility shall maintain a record that all alleged violations were thoroughly investigated, and shall take all reasonable steps to prevent further abuse while the investigation is in progress.</p> <p>This Statute is not met as evidenced by:</p>	4 133		7/6/18

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4 133	<p>Continued From page 19</p> <p>Based on interviews with staff members and review of the facility's incident report, the facility failed to have evidence that an allegation of abuse was thoroughly investigated and ensure appropriate corrective action was taken in response to the facility's findings.</p> <p>Findings include:</p> <p>1) On 2/24/2018 (Saturday) at 12:53 PM the facility sent an "Event Report" to the State Agency via facsimile regarding an allegation of staff to resident abuse. The facility reported on 2/18/18 at 9:30 AM two Certified Nurse Aides (CNA), Staff Member 144 (SM144) and Staff Member 145 (SM145) were transferring Resident 23 (R23) to the chair for a shower. R23 reportedly bit SM144 and in turn the staff member slapped R23's face.</p> <p>On 5/30/2018 a request was made to Staff Member 136 (SM136) to review the facility's documentation of their investigation. On the afternoon of 5/30/18 SM136 provided the following documents: Accident Report Form and Incident Witness Statements. The witness statements were written and submitted by Staff Members 104 and 145. SM136 reported the Director of Compliance was consulted and the documentation in the "Event Report" summarizes their investigation findings.</p> <p>Further review of the Event Report documents the CNA Supervisor was notified that R23 bit CNA while transferring the resident. On 2/19/18 at 8:00 AM the CNA Supervisor interviews the witness, SM145 and learns that SM144 slapped R23. The interviews were initially conducted by the CNA Supervisor and Director of CNA Services. An interview was conducted with the alleged perpetrator, witness and R23.</p>	4 133	<p>R23 was interviewed on 7/2/18 by the DCNAS and Administrator In Training to ensure R23 feels safe living in Facility and satisfied with care. R23 indicated that she was satisfied with the care she is receiving and she feels safe.</p> <p>The two staff members involved in the incident are no longer employed by the Facility.</p> <p>Investigative Team was in-serviced on 6/29/18 on how to conduct a thorough investigation using the Incident & Abuse/Neglect Checklist/Tracking Process.</p> <p>The facility identified that all residents have the potential to be affected by the same deficient practice by performing a 100% audit of all residents by asking if they feel safe and if they have ever felt afraid because of the way they or someone else is being treated. No concerns were raised.</p> <p>Measures and systemic changes that will be put in place to ensure that the deficient practice does not recur are:</p> <p>Upon hire, annually and as needed, all staff receive training on the "Freedom from Abuse, Neglect and Exploitation: Respect Resident Rights, Individuality and Dignity" during annual employee training. Additionally, reminders of what to do when observing abuse (SPOT) is located on staff name badges and posted throughout the Facility's staff bathrooms.</p>	

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4 133	<p>Continued From page 20</p> <p>The interview conducted by the Director of CNA Services on 2/19/18 at 11:30 AM with R23 found the resident reporting SM144 is a "nasty guy" with further clarification that SM144 is not a nice person and is rough. However, the resident answered that she feels safe.</p> <p>A review of the "Incident Witness Statement" by SM145 documents, SM145 requested assistance from SM144 to transfer R23. When SM144 entered the room, R23 reportedly said to SM144 "don't touch me, don't go near me" and the resident tried to hit SM144. SM144 reportedly grabbed R23 by the arm a couple of times but R23 was trying to take the staff members hand off her arm. SM145 reports after the resident was transferred to the shower chair, SM144 slapped the resident on the left side of her face. As SM144 was leaving the room, he reportedly states "that's what she get because she (hit or bit) me". When SM144 checked on the resident and inquired whether she was okay, the resident replied "that's the reason why I get bruises over here", (pointing to her right upper arm).</p> <p>A review of the "Accident Report Form" completed by the alleged perpetrator documents "upon mid-transfer, resident became suddenly combative, reach mouth to my upper right arm, clenched down and attempted to pull skin simultaneously". The date of injury was 2/18/2018 and the injury was reported to the employer on 2/19/2018. SM144 reportedly had abrasion/bruise/swelling to the back of the arm as a result of R23 biting him.</p> <p>On 5/31/2018 at 7:56 AM an interview was conducted with SM136. Inquired why the facility was unable to substantiate the allegation of</p>	4 133	<p>The Facility's investigative team will use the "Incident & Abuse/Neglect Checklist/Tracking Process" to ensure a thorough investigation is conducted. (See attached.)</p> <p>The Facility's Investigative Team will review and update the "Incident & Abuse/Neglect Checklist/Tracking Process" form annually.</p> <p>The corrective action will be monitored to ensure the deficient practice will not recur through the Facility's Investigative Team and Corporate Compliance Officer will review each investigation upon completion to ensure a thorough investigation was conducted. Tracking and trending of event reports will be performed through the Facility's Quality Assurance Program on a quarterly basis and Abaqis on an annual basis to determine if emerging trends appear to identify areas of improvement or success.</p>	

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4 133	<p>Continued From page 21</p> <p>physical abuse. SM136 replied during the investigation, SM145 revealed being in a relationship with SM144 and later found SM144 had a girlfriend and the girlfriend was calling. Therefore, the investigation team surmised SM145 was retaliating against SM144 with the allegation of abuse. Inquired whether the investigation team asked SM145 if the allegation of abuse was being made in retaliation. SM136 replied, this question was not asked of SM145. Further queried how the facility first learned of this incident, SM136 replied, it was based on a text that was sent from SM144 to the Director of CNA Services regarding his injury.</p> <p>Further queried whether the facility assessed SM144's injury related to the bite from the resident. SM136 reported SM144 sent a picture via text to the Director of CNA Services on 2/18/2018 at 5:31 PM. Subsequently the investigation team assessed SM144's injury in person on 2/20/2018 (one day after the alleged incident occurred). SM136 stated the bruise appeared old and fading, it was circular with no teeth marks and with a scab in the middle of the bruise.</p> <p>The facility's investigative team were unable to substantiate the allegation of abuse. SM144 and SM145 resigned from their positions at the facility.</p> <p>2) The investigative team was unable to substantiate the allegation of abuse; however, as a corrective action, the facility provided in-service to their staff. A request was made for the attendance of the in-service. On 6/1/2018 at 2:35 PM the attendance list for the "Mandatory Staff Meeting" dated 3/2/2018 at 8:15 AM, 2:30 PM and 4:15 PM was provided by SM136. A review</p>	4 133		

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4 133	Continued From page 22 of the document found missing signatures of staff members. On 4/1/2018 at 4:23 PM an interview was conducted with the Administrator. The Administrator was queried regarding the missing signatures, the Administrator was agreeable to follow up with SM136. On 6/1/2018 at 4:41 PM, the Administrator confirmed not all employees completed the abuse/neglect in-service provided at the mandatory staff meeting. However, the Administrator reported all employees receive annual training for abuse/neglect. The Administrator provided documentation of the completed annual employee training.	4 133		
4 148	11-94.1-39(a) Nursing services (a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the residents. There shall be at least one registered nurse at work full-time on the day shift, for eight consecutive hours, seven days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department. This Statute is not met as evidenced by: Based on observation, record review (RR) , staff and resident interview the facility failed to provide sufficient nursing staff to assure the residents live a dignified existence, provide resident safety from falls with significant injury, to maintain highest practicable physical and psychosocial well-being of their residents who depend on staff for assistance at meal times and to maintain bowel and bladder continence. Findings Include:	4 148	R5 was discharged from Health Care Center on 6/12/18. Director of CNA Services (DCNAS) met with R64 on 6/26/18 regarding the lunch meal he received late on 5/29/18. DCNAS asked resident if he was satisfied with the assistance and timeliness of his meals since the change in how meals were delivered to residents which started on 6/11/18. Resident responded he was satisfied with meal service and assistance.	7/6/18

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NAME OF PROVIDER OR SUPPLIER ARCADIA RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1434 PUNAHOU STREET HONOLULU, HI 96822
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4 148	<p>Continued From page 23</p> <p>1. An interview of R5 on the morning of 5/29/18 at 11:02 AM found the residents expressing, "I feel like I'm being pushed around. Like I don't have a choice." R5 reported that the Certified Nurse Aides (CNAs) did not listen to her. R5 stated that the CNAs will tell her that if she needs something at a certain time, she'll have to wait because they're busy.</p> <p>2. On 05/29/18 at around 1245, while walking in the hallway past R64's door, R64 was overheard talking with the housekeeper asking for assistance, asking for his lunch and stating that he was hungry. R64 was seen earlier in the dining room but he had not eaten his lunch when the meal trays were delivered and was now watching TV in his room. Asked a passing CNA if resident was going to be assisted with his lunch and she stated "right after I help this resident" as CNA walked into the other resident's room who had pressed the call light. R64 was assisted with his lunch at 1259 after licensed staff was asked if R64 was going to be assisted with his meal. Licensed staff thought R64 had eaten earlier in the dining room. Facility reported lunch time for third floor was 11:45 AM. This day it was noted that trays were delivered to the units later than usual, per facility stated lunch times, as the kitchen reported problems with their warmers.</p> <p>3. Observation of R62 on the morning of 5/30/18 at 10:30 AM found her seated in a wheelchair across the nurse's station, outside of her room. Upon approaching R62, there was an odor of feces. Moving away from R62 the odor faded away. Upon return to R62, the feces odor returned. R62 appeared restless as she attempted to get out of her wheelchair and appeared to want to say something. Two Certified Nurse Aides (CNAs) wheeled R62 into</p>	4 148	<p>DCNAS informed R64 that the Facility is currently recruiting CNAs to assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each residents rights, physical, mental and psychosocial well-being. She further shared that upon review of the Facility's staffing needs, it was determined that staff assistance during peak times, which includes meals, is needed. Therefore, during the interim, until permanent staff have been hired, oriented and trained, the Facility has engaged Agency CNAs to assist Monday <input type="checkbox"/> Friday as available. Additionally, DCNAS informed R64 that the method in which meals are delivered to residents in the Health Care Center has changed so that CNAs are able to concentrate on resident care. On 6/28/18, Social Worker completed Resident Rights Survey with R64 and resident stated he was satisfied with the dining experience in the Facility.</p> <p>Members of the IDT met with R62's resident representative on 6/29/18 to discuss resident's care, her continued high risk for falls and potential negative outcomes (up to and including death), the interventions currently in place, resident rights, Facility's Abuse & Neglect Policy, long-term care ombudsman contact information, individualized activity kit for R62 and ongoing Dementia Training opportunities. It was further shared, that Facility is currently recruiting 2 additional full time equivalents (FTEs) for the night shift (12:00am-8:00am) and 2 additional</p>	

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4 148	<p>Continued From page 24</p> <p>her room, assisted her out of her wheelchair and walked with her to the toilet. There was a cushion wrapped in a white pillow case on the seat of R62's wheelchair. The entire pillow case and cushion were soaking wet. CNA 99 stated R62 had a bowel movement (BM) and she therefore needed to shower the resident. R62 wore a personal incontinence brief.</p> <p>Observation of R62 on the morning of 5/31/18 at 9:00 AM found the resident seated across the nurses station outside her room. She appeared to be getting restless: Attempting to stand while seated in the hallway in her wheelchair; waving her hands around; and appearing as though she wants to say something or do something. CNA 99 recognized R62 was getting restless so she offered to take her to the bathroom. CNA 99 wheeled R62 into her room and assisted her out of her wheelchair and into the bathroom. The seat cushion on R62's wheelchair was wrapped in a white pillow case and was wet in the center - an area of approximately 16 inches x 8 inches. R62 wore a personal incontinence brief.</p> <p>On the morning of 5/31/18, a medical record review found the most current quarterly Resident Assessment Instrument (RAI) dated 4/12/18 which noted R62 had a short term memory problem and moderately impaired cognitive skills for daily decision making. The 4/12/18 RAI further noted R62 required extensive assistance with toileting with one person physical assist. The 4/12/18 RAI noted R62 was frequently incontinent of bladder and always incontinent of bowel. The 4/12/18 RAI noted (since previous assessment) R62 had two falls without injury, two falls with injuries (except major) and one fall with major injury. Under Section N (Medications), R62 was noted to be on antipsychotics and</p>	4 148	<p>full time equivalents (FTEs) for the day shift (8:00am-4:00pm) Monday - Sunday. However, in the interim, until permanent staff are hired, oriented and trained, the facility has engaged agency CNAs to assist Monday <input type="checkbox"/> Friday as available. Members of the IDT further shared with R62's resident representative that the method in which meals are delivered to residents has changed so that Nursing staff are able to concentrate on resident care. During the meeting, Activities Supervisor shared the performance improvement program in process in the Facility that provides staff member from 5:00pm-8:00pm, (Monday-Sunday) specifically to round with residents who were identified as experiencing multiple falls. This was developed as a result of an identified trend of an increase of falls noted after dinner. R62 is included in this pilot program. (See IDEAS at Work document for reference.)</p> <p>After reviewing R62's 72 hour observation log for bowel and bladder functioning, resident noted with inconsistent bowel and bladder pattern during the observation period. Therefore, resident is not a candidate for toileting program or bladder training due to resident's cognitive deficits related to progression of Dementia. Staff to offer/assist with toileting before and after meals then every 2 hours and as needed or more frequently during hourly rounds when resident is observed restless or showings signs of discomfort.</p> <p>Members of the IDT met with R68's</p>	

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4 148	<p>Continued From page 25</p> <p>antidepressants for the seven days prior to the assessment. Previous assessment noted she was only receiving antipsychotics.</p> <p>The facility did a fall risk assessment for R62 on 1/19/18 and 4/16/18, which noted a score of 10 (8-16=High risk) on each assessment. Despite R62's high risk for falls, she continued to experience multiple falls since her re-admission to the facility on 10/7/17 (Previous admission 3/6/17). The R62 experienced falls on: 10/12/17; 10/14/17; 10/22/17; 10/28/17; 11/4/17; 12/15/17; 2/2/18; 2/4/18; 2/10/18; 2/23/18; 2/27/18 (two falls); 3/9/18; 3/14/18; and 3/24/18. On 5/27/18 R62 fell while seated at the nurse's station.</p> <p>On the morning of 5/31/18 a review of R62's care plan found a plan for "Impaired mobility/falls". Interventions included maintaining close supervision and frequent checks to ensure resident safety. Following a fall on 2/2/18, the facility revised R62's care plan to include, "Educate staff not to leave residents until another staff is present to supervise."</p> <p>On the morning of 5/31/18 a review of the FRI for R62 found she was seated at the nurse's station on the afternoon of 2/27/18 at approximately 2:50 PM. R62 was seated in her wheelchair next to the charge nurse (CN) at the nurse's station. The CN turned to one side to make a phone call when R62 attempted to get up and the CN was unable to stop her. R62 fell and landed on her left side. At the time of the fall, R62's wheelchair brakes were not engaged. The CN assessed the resident and found swelling, bruise and pain to her left thumb, left 4th and 5th fingers. A physician was on site and assessed R62 with orders for an X-ray. The X-ray revealed an acute fracture to the left fourth digit. The facility's root</p>	4 148	<p>resident representatives on 7/5/18 to discuss resident's care (including privacy), her continued high risk for falls and potential negative outcomes (up to and including death), the interventions currently in place, resident rights, Facility's Abuse & Neglect Policy and long-term care ombudsman contact information. It was further shared, that Facility is currently recruiting 2 additional full time equivalents (FTEs) for the night shift (12:00am-8:00am) and 2 additional full time equivalents (FTEs) for the day shift (8:00am-4:00pm) Monday - Sunday. However, in the interim, until permanent staff are hired, oriented and trained, the facility has engaged agency CNAs to assist Monday - Friday as available. Members of the IDT further shared with R68's resident representative that the method in which meals are delivered to residents has changed so that Nursing staff are able to concentrate on resident care. During the meeting, IDT members shared about our performance improvement program in process that provides staff member from 5:00pm-8:00pm, (Monday-Sunday) specifically to round with residents who were identified as experiencing multiple falls. This was developed as a result of an identified trend of an increase of falls noted after dinner. R68 is included in this pilot program. (See IDEAS at Work document for reference.)</p> <p>After reviewing R68's 72 hour observation log for bowel and bladder functioning, resident remains continent, but noted with inconsistent bowel and</p>	

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4 148	<p>Continued From page 26</p> <p>cause analysis (RCA) of R62's fall on 2/27/18 revealed that environmental factors may have contributed to the incident. The FRI noted, "Brakes of her wheelchair were not locked and when she stood up the wheelchair possibly moved which contributed to her fall due to increased unsteadiness and poor balance."</p> <p>On the same day R62 sustained the finger fracture on 2/27/18 at 5:15 PM, she was seated in her wheelchair in the dining room. A CNA was seated next to her, feeding her soup. The CNA left R62 at the dining table when the CNA was asked to assist with pushing meal carts into the dumbwaiter. The CNA turned back to the resident and found R62 standing. The CNA was unable to get to R62 in time and the resident fell. The licensed nurse on duty responded to find R62 sitting on the floor with her back resting against the wheelchair, both knees flexed with arms resting on her sides, and facing the table approximately 2 feet away from her. The licensed nurse assisted R62 to the bathroom and she voided and 3 drops of fresh bright red blood was noted. The licensed nurse instructed the CNA to supervise the R62 at all times. The physician was notified and he notified the resident's daughter. The physician recommended a surgical procedure related to R62's finger fracture but the family refused further treatment.</p> <p>An interview of CNA 99 on the afternoon of 5/31/18 at 2:00 PM found her description of R62 is she sometimes get restless and occasionally has behaviors. She reported R62 often tries to get up from her wheelchair without assistance. CNA noted R62 is sometimes continent of bladder and will attempt to get up to go to the bathroom. CNA 99 noted, "We don't always have</p>	4 148	<p>bladder pattern during the observation period. Resident has dx of overactive bladder and Alzheimer's dementia with behavioral disturbances. Therefore, resident is not a candidate for toileting program or bladder training. Interventions include frequent checks on resident at least hourly and as frequently as q15 minutes due to her tendency to sit at edge of bed, lower self on to geomatt and move about on the unit scooting in a sitting position. When staff is available, a staff will be stationed by resident's door way to anticipate her needs. In addition, staff will ensure call light remains functional through audits, staff observation and rounding.</p> <p>R77 expired on 3/11/18.</p> <p>All residents in the Facility have the potential to be affected by the deficient practice. Corrective actions to address this are as follows:</p> <p>The Facility Assessment was reviewed and updated on 7/5/18. The updated Facility Assessment reflects a need for additional staff based on the increase in residents requiring 1-2 person assist and dependent.</p> <p>Facility is currently recruiting 2 additional full time equivalents (FTEs) for the night shift (12:00am-8:00am) and 2 additional full time equivalents (FTEs) for the day shift (8:00am-4:00pm) Monday □ Sunday. However, in the interim, until permanent staff are hired, oriented and trained, the facility has engaged agency CNAs to</p>	

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4 148	<p>Continued From page 27</p> <p>enough staff to help us and therefore we have to leave residents at the nurses station."</p> <p>An interview of CNA 84 revealed R62 is sometimes continent of both bowel and bladder. The CNA reported the resident's brief sometimes has something on it and will still go when placed on the toilet. The CNA 84 noted R62 is often restless. The CNA reported they leave her at the nurse's station for the nurse to watch while we're providing care to residents. CNA 84 works day shift and noted that each CNA will have seven residents.</p> <p>4. On 5/30/2018 at 9:00 AM while walking through R68's unit, a voice was heard calling out for help. Upon arrival to R68's room, the resident was observed sitting on the floor with legs bent to her chest and scooting on her buttock toward the door. The resident's face was contorted and she kept repeating "please help me" and stating that she had to use the toilet. The resident's undergarment could be seen which was not soiled. There was no staff member in the hall, assistance was requested at the nurses' station. Staff Member 131 (SM131) accompanied the surveyor to R68's room where she was found at the threshold of the door. SM131 requested assistance from a Certified Nurse Aid (CNA). They were able to assist the resident to stand and ambulate to the bathroom with a forward wheel walker. R68 was placed on the toilet. Further observation found the resident's bed was in a low position with a thick blue pad next to the resident's bed. The floor was not wet or soiled. The call light was placed on the resident's bed and was found to be inoperable.</p> <p>5. A review of the progress notes found an entry for 3/1/2018 at 10:34 AM noting R77 was found</p>	4 148	<p>assist Monday <input type="checkbox"/> Friday as available during peak times, which includes meals.</p> <p>Facility's Human Resources Department is actively recruiting for CNA prospects through employee referrals, print ads, television, social media, the Bus, Mall Kiosks, onsite/offsite hiring events, internal review of compensation and benefits to attract prospects and on-line job search sites.</p> <p>The method in which meals are delivered to residents has changed so that Nursing staff are able to concentrate on resident care.</p> <p>A performance improvement program is in process in the Facility that provides staff member from 5:00pm-8:00pm, (Monday-Sunday) specifically to round with residents who were identified as experiencing multiple falls. This was developed as a result of an identified trend of an increase of falls noted after dinner.</p> <p>The measures put into place or systemic changes made to ensure that the deficient practice will not recur are:</p> <p>The Facility Assessment will be reviewed quarterly and will provide Facility guidance on the need for additional staff based on acuity level of residents.</p> <p>Facility continues to provide dementia training (Teepa Snow method, on-line courses, Annual Employee Training and Conferences) to employees. The courses include, but are not limited to:</p>	

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4 148	<p>Continued From page 28</p> <p>out of bed/chair calling for assistance. The staff member found the resident crawling on the floor with right foot still on the geomatt, the resident reported he was trying to go to the bathroom. The resident sustained an abrasion to the left knee and was incontinent of bowel and bladder. Another entry for 3/1/2018 notes R77 was calling for help every five minutes, wanting to get up to the bathroom, when offered, the resident refused. The resident was noted to inform the staff that he will get up by himself and crawl on the floor if staff members don't come right away.</p> <p>A subsequent progress note of 3/3/2018 documents R77 was heard yelling for help at approximately 10:00 AM. The resident was found lying on the floor at the entry to the bathroom and front door. The resident was founding lying face up. At this time the resident reported he was going to the bathroom. The resident was asked why he did not call for assistance, he responded "he did".</p>	4 148	<p>Alzheimer's Disease & Related Disorders: The Physical Environment Alzheimer's Disease & Related Disorders: Handle with Care <input type="checkbox"/> Intensive Training Care of the Cognitively Impaired Communicating with People with Dementia Dementia Care: Coaching & Completing ADLs Dementia Care: Managing Challenging Behaviors Dementia Care: Preventing Catastrophic Reactions Dementia Care: Staying Busy with Activities for Residents with Memory Problems Dementia Care: Normal Aging vs. Dementia/Alzheimer's Managing Behaviors in Persons with Dementia Understanding Communication in Persons with Dementia</p> <p>The Facility will continue to drive employee engagement (annual employee engagement survey, annual performance evaluation, monthly all-staff meetings, huddles, in-services, performance improvement projects, The Pulse at annual employee training and an employee wellness program) by encouraging staff to share their feedback and suggestions regarding working in the Facility.</p> <p>Facility's Human Resource Department will continue ongoing recruitment for CNAs through employee referrals, print ads, television, social media, the Bus, Mall</p>	

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4 148	Continued From page 29	4 148	<p>Kiosks, onsite/offsite hiring events, internal review of compensation and benefits to attract prospects and on-line job search sites. Facility is in the process of developing and implementing a scholarship program for existing employees who are considering becoming CNA certified. Facility is partnering with CNA Training Schools to provide site for clinical hours.</p> <p>The Facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not recur by:</p> <p>Tracking and trending of incident reports, complaints, responses to Resident Rights surveys, weekly audits by DCNAS/Designee, Abaqis, call light response report, CASPER report and monitoring through the Performance Improvement Committee (bi-weekly), Quality Assurance Performance Improvement Committee (monthly) and Quality Assurance Committee (quarterly).</p> <p>Track and trend results monthly from The Pulse in annual employee training held two times a month which provides a pulse on employee satisfaction.</p>	
4 174	<p>11-94.1-43(b) Interdisciplinary care process</p> <p>(b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and</p>	4 174		7/6/18

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4 174	<p>Continued From page 30</p> <p>resident/family education.</p> <p>This Statute is not met as evidenced by: Based on record review and interview with staff members, the facility failed to ensure a baseline care plan was developed and implemented for Resident #55 to address the resident's high risk for development of a pressure injury.</p> <p>Findings include:</p> <p>Resident 55 was re-admitted to the facility on 4/19/2018 following a hospitalization from 4/11/2018 through 4/19/2018. The resident was admitted to the hospital for further evaluation and treatment, IV dieresis, placement of a pacemaker, and antibiotic treatment for e. coli urinary tract infection and bilateral lower extremity cellulitis.</p> <p>A review of the "Pressure Injury Risk Assessment" dated 4/20/2018 notes the resident did not have an actual pressure injury; however, was determined to have a total score of 17 (high risk) for development of pressure ulcer related to being chair fast, probably inadequate nutrition related to consuming less than 50% of meals and needs assistance for moving. A review of the "Admission Care Plan" dated 4/20/2018 found a care plan was not developed to address the prevention of a pressure ulcer for a resident identified as high risk for pressure injury.</p> <p>On 6/1/2018 at 6:50 AM, Staff Member 103 (SM136) provided a copy of the "Pressure Injury Tracking Form". R 55 was found to have a Stage 2 pressure injury to the right heel on 4/27/2018. The resident was noted to be weak with a loss of appetite, related to change of food consistency</p>	4 174	<p>A review and update of care plan for risks of pressure injuries was completed on 6/1/18 for R55.</p> <p>Facility identified this deficient practice having the potential to affect all residents upon admission and is being corrected by an audit of all new admissions after 6/22/18 to ensure Admission Care Plan and Baseline Care Plan include all potential problems/risks and corresponding interventions to address resident's overall medical condition.</p> <p>Measures and systemic changes that will be put in place to ensure that the deficient practice does not recur is that the facility in-serviced all Licensed Nurses by 7/6/18 to address appropriate documentation upon admission and implementing appropriate interventions in the Admission Care Plan and Baseline Care Plan.</p> <p>The corrective action will be monitored to ensure the deficient practice will not recur by IDT Members implementing a new process which started after 6/22/18 to review nursing admission assessment and Admission Care Plan within 24 hours for accuracy. Baseline care plan will continue to be completed within 48 hours of admission.</p>	

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4 174	Continued From page 31 (dysphagia). On 6/1/2018 at 7:44 AM an interview was conducted with Staff Member 134 (SM134). The staff member reported upon readmission R55 had poor intake and stayed in bed most of the time. SM134 reported the resident did not have redness before she developed a blister on the right heel. Concurrent review of the pressure injury assessment and "Admission Care Plan" was done with SM134. Inquired whether based on the pressure injury risk assessment (high risk) whether interventions were indicated for R55. SM134 confirmed a care plan for pressure injury was not developed as part of the "Admission Care Plan"; however, the facility already had the resident on a turning schedule and was addressing the resident's poor intake.	4 174		
4 281	11-94.1-65(e)(8) Construction requirements (e) The facility shall have resident bedrooms that ensure the health and safety of residents: (8) Each resident shall be provided with: (A) A separate bed of proper size and height for the convenience of the resident and that permits an individual in a wheelchair to get in and out of bed unassisted; (B) A comfortable mattress with impermeable mattress cover, and a pillow with an impermeable cover; (C) Sufficient clean bed linen and blankets to meet the resident's needs; (D) Appropriate furniture, cabinets, and closets, accessible to and meeting individual resident's needs. Locked containers shall be available upon	4 281		7/6/18

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2018
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NAME OF PROVIDER OR SUPPLIER ARCADIA RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1434 PUNAHOU STREET HONOLULU, HI 96822
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4 281	<p>Continued From page 32</p> <p>resident's request; and (E) An effective signal call system at the resident's bedside.</p> <p>This Statute is not met as evidenced by: Based on observation and interview with staff members, the facility failed to ensure a call system was functioning properly.</p> <p>Findings include:</p> <p>On 5/30/18 at 9:00 AM while walking on the unit a voice was heard, asking for help. On approach to Resident 68's (R68) room, the resident was observed sitting on the floor with legs bent at the knee and scooting on her buttock toward the door. The resident's undergarment was visible and she was not wearing an incontinence brief. The resident has a low bed with a mat on the floor. The resident's face was contorted and kept repeating "please help me". The resident continued to request assistance to go to the toilet and asking "please take me". There was no staff in the hall, assistance was requested at the nursing station. The licensed nurse, Staff Member 131 was notified and upon approach to the room, the resident was at the threshold of the door. The staff member asked a certified nurse aide (CNA) for assistance. The CNA retrieved the resident's walker and both staff members assisted the resident to stand and ambulate with the walker to the bathroom and assisted to the toilet. The CNA left the bathroom ajar.</p> <p>R68 was observed to have a round disc call light. The call light was pressed and the light above the resident's door did not activate, nor did the red</p>	4 281	<p>On 5/30/18, R68 was provided a new soft-touch call light. Staff requested resident to show a return demonstration and R68 was able to do so.</p> <p>The facility identified other residents having the potential to be affected by the same deficient practice by performing an audit of residents who use a soft-touch call light by 7/3/18. The DCNAS tested the soft-touch call lights and all were operable. When test was performed, DCNAS also requested each resident perform a return demonstration and all residents were able to do so. A note by DCNAS was entered into each resident's medical record.</p> <p>All staff were in-serviced by 7/6/18 on assisting with monitoring and notifying appropriate staff to replace resident call lights (which includes the soft touch call light) immediately if it is inoperable and ensure call light is functional after it is replaced.</p> <p>The measures put into place or systemic changes made to ensure that the deficient practice will not recur are:</p> <p>Call light functionality is checked by Facility's Environmental Services</p>	

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4 281	Continued From page 33 light on the wall switch covering. The call light was pressed again and appeared inoperable. SM131 was asked whether the R68 is able to use the call light, the response was it is 50-50, the resident forgets sometimes. Inquired whether the call light was operational. The staff member pressed the light and stated it was not working and a call will be made to maintenance. As we walked out of the resident's room, Staff Member 121 (SM121) was in the hall. SM131 asked for the call light to be checked. SM121 checked the call light and stated that the call light was not working and would change it. Subsequent observation found the call light was working.	4 281	<p>Department on a monthly basis and by Nurse Call Vendor on a quarterly basis.</p> <p>Staff will monitor and notify appropriate staff to replace resident call lights (which includes the soft touch call light) immediately if it is inoperable and ensure call light is functional after it is replaced.</p> <p>The Facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not recur by:</p> <p>CNA Supervisor/DCNAS/Designee will conduct weekly audits on various shifts by checking 4 resident rooms, to see if the call light is functional. If the call light is found to not be functioning properly, call light will be replaced immediately and CNA Supervisor/DCNAS/Designee will follow-up with staff. Results will be reported and reviewed every other week during the Performance Improvement Committee (PIC) meeting</p> <p>Call light response times will be tracked weekly to identify trends and will be discussed at daily stand up meeting. IDT to discuss trends and possible areas of improvement. Results of call light response will be reported at quarterly QA meeting.</p>	