

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2018
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NAME OF PROVIDER OR SUPPLIER KAHUKU MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 56-117 PUALALEA STREET KAHUKU, HI 96731
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4 000	Initial Comments A re-licensure survey was conducted at the facility on 7/3/18 and 7/5-7/6/18. At the time of entrance, the resident census was 6.	4 000		
4 091	11-94.1-17(1) Administrator All freestanding and hospital-based nursing facilities shall be administered by: (1) A person appointed by the governing body and responsible for the management of the facility; and (2) Licensed by the State as a nursing home administrator; or (3) In the absence of the administrator, an employee who has been designated, in writing, to act on the administrator's behalf for a determined period of time as approved by the department. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure their current nursing home administrator (NHA) was licensed by the state. Findings Include: During an interview with S1, he verified he did not have a current NHA license in the State of Hawaii. S1 said he let his NHA lapse 5 to 7 years ago.	4 091	In the absence of Kahuku Medical Center having an Administrator with a current Nursing Home Administrator License, Kahuku Medical Center's Board Chair, Lance Segawa, has conceded to provide his Nursing Home Administrator license (NHA 322) to Kahuku Medical Center for the purposes of complying with the regulation requiring a licensed Nursing Home Administrator. It is the understanding of Mr. Segawa and Kahuku Medical Center Administration, that this administrative arrangement is temporary and will cease once a Kahuku Medical Center staff member obtains their NHA license. Department of Health has	7/6/18

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

TITLE

(X6) DATE
08/03/18

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4 091	Continued From page 1	4 091	retained a copy of email chain of this agreement.	
4 101	<p>11-94.1-22(c) Medical record system</p> <p>(c) The following information shall be obtained and entered in the resident's record at the time of admission to the facility:</p> <p>(1) Personal information such as name, date, and time of admission, date and place of birth, citizenship status, marital status, social security number, or an admission number that can be used to identify the resident without use of name when the latter is desirable;</p> <p>(2) Name and address of next of kin, legal guardian, surrogate, or representative holding a power of attorney;</p> <p>(3) Sex, height, weight, race, and identifying marks;</p> <p>(4) Reason for admission or referral;</p> <p>(5) Language spoken and understood;</p> <p>(6) Information relevant to religious affiliation, if any;</p> <p>(7) Admission diagnosis, summary of prior medical care with listing of physicians providing care, recent physical examination, tuberculosis status, and physician's orders; and</p> <p>(8) Advanced directives, as applicable.</p> <p>This Statute is not met as evidenced by:</p>	4 101		7/13/18

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4 101	<p>Continued From page 2</p> <p>Based on record review and interview, the facility failed to ensure for a resident who does not have an advance directive (AD), the resident (R) was informed of his or her right to develop one, provided assistance in doing so or was periodically reassessed in his/her decision making capacity to do such for 3 of 6 residents (R1, R4 and R57) in the sample.</p> <p>Findings Include:</p> <p>1) The record reviews conducted for R1, R4 and R57, revealed there were no ADs found in the residents' electronic health records. On 07/05/18 at 09:28 AM, Staff 3 (S3) provided printed copies of the ADs for their residents and acknowledged that R1 and R57 did not have ADs.</p> <p>2) On 07/05/18 at 10:32 AM, during an interview with S2, it was revealed that R4 has a durable power of attorney, but it was not for health care decisions and did not have an AD.</p> <p>3) On 07/05/18 at 09:38 AM, S2 confirmed that R57 did not have a signed/notarized copy of an AD. S2 affirmed this was something they would be reviewing to assure all their residents will be afforded the right to develop one.</p>	4 101	<p>Kahuku Medical Center Long Term Care Residents who did not have a current Advance Directive were given written information concerning the right to accept or refuse medical or surgical treatment and, at their option, formulate an Advance Directive during the week of July 9 – 13/2018. Each of these Long Term Care Residents was then given assistance in developing an individual Advance Directive. All Kahuku Medical Center Long Term Care Residents Advance Directives have been updated as of 07/13/2018.</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</p>	4 125		7/6/18

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4 125	<p>Continued From page 3</p> <p>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, record review and interview, the facility failed to protect the privacy and confidentiality of each residents' personal and clinical records by posting each residents' hourly rounding reports that were visible to the public for 6 of 6 residents (R1, R2, R3, R4, R55 and R57) in the sample.</p> <p>Findings Include:</p> <p>During the survey, observations found that each of the residents had a daily "Hourly Rounding" report posted on their bedroom walls. On 07/05/18 at 08:23 AM, S6 was observed in R55's room. During a brief interview with S6, she said she wrote the 8:00 AM entry which was "Set up tray" but without a time. There also was a notation that R55 had refused her medications at the time as well. However, when S6 was further queried about the rounding report being visible to the public or visitors, she stated it was their policy to write it on this report within the hour. S6 said they did this for all their residents in the facility.</p> <p>It was found for R55, her 7/5/18 hourly rounding report included personal care information such as when her briefs were changed, how she was positioned, when she ate or slept, etc.</p> <p>On 07/05/18 at 09:51 AM, S6 said they used to chart this information in the computer, but it changed to the handwritten reports posted in each residents' room. S6 acknowledged these visible reports posted personal health information</p>	4 125	<p>The residents right to personal privacy and confidentiality of his or her personal and medical records, and the right to secure and confidential personal and medical records has been accomplished through the removal of hourly rounding sheets from the patient rooms as of 07/06/2018. Documentation of hourly rounding is not completed within the EHR, under the Interactive View Tab under "Rounding". Staff members were sent an email with instruction related to this change in process on 07/06/2018. Instruction related to this change in process was also shared at the morning staff nurse huddle the mornings of 07/07-07/14/2018.</p>	

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4 125	Continued From page 4 for the public to see. On 07/06/18 at 12:14 PM, S2 and S3 acknowledged the posting of the hourly rounding reports of each resident failed to protect the confidentiality and dignity of their residents.	4 125		
4 159	11-94.1-41(a) Storage and handling of food (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage. This Statute is not met as evidenced by: Based on observations and staff interviews the facility failed to follow safe food handling for the prevention of foodborne illnesses. Findings Include: On 07/03/18 at 07:57 AM during the initial kitchen tour, the cook's refrigerator contained various food items with no expiration dates: container of pureed beef and pureed vegetable broccoli dated 7/2; fruit cup and two individual bowls of pureed food (no dates); several containers of beef base and chicken stock base; chicken soup dated 7/1, and a container of gravy dated 7/1 with "use first" on label.	4 159	Policy 52-001 updated. Staff re-educated to policy 52-001 on 7/20/2018. Policy update included discard dates and labeling for food storage to meet Department of Health requirements. In addition, management will incorporate inspections to ensure compliance.	7/20/18

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4 159	<p>Continued From page 5</p> <p>The pantry refrigerator contained food trays with resident snacks that were not dated. The kitchen manager (KM) stated the snacks were for that day (07/03/18) and another tray had leftover snacks from the day before. There also was a salad bowl with lettuce and tomatoes not covered nor dated.</p> <p>In the storage refrigerator there was an opened gallon container of Thousand Island salad dressing dated 09/13/17. The KM stated that it was good for 1 year. The unused gallons of apple cider vinegarette dressing were dated July 2016 with the cap dated 4/2017. The KM was not sure which was the expiration date.</p> <p>On 07/06/18 at 08:27 AM during the follow-up kitchen tour, there was a 5 lb container of sour cream in the storage refrigerator with expiration date of 7/03/18, and opened on 5/31/18.</p> <p>In the pantry, there was a paper bowl used as a scoop left in the bulk panko container, and a partially used gallon of barbecue sauce dated 1/31/18 on the shelf. The assistant KM promptly removed the paper bowl from the panko container and gallon of barbecue sauce from the shelf as it was expired.</p> <p>The facility's policy and procedure for food storage approved on 02/21/17 included discard dates for food items. The food discard dates for the salad dressing found it was good for 3 months after opening, and the sour cream was good for 2-4 weeks after opening. This was not followed by the kitchen staff.</p>	4 159		